



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

WP-FSDO-1

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |   |             |
|-------------|--|--|---|-------------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD  |  | Serial No.<br>0400E   |             |
|             | Make<br>MD HELICOPTERS INC.  |  | Model<br>369  | Series<br>E |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE DEPT. HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address 455 7 <sup>TH</sup> STREET<br>City OAKLAND State CA<br>Zip 94607-3940 Country USA |             |

3. For FAA Use Only

THE DATA IDENTIFIED HEREIN COMPLIES WITH APPLICABLE AIRWORTHINESS REQUIREMENTS AND IS APPROVED ONLY FOR THE ABOVE DESCRIBED AIRCRAFT SUBJECT TO CONFORMITY INSPECTION BY A PERSON AUTHORIZED IN FAR 43.7.

FAA INSPECTOR, VAN NUYS FSDO:

*Jerry N. Dees*

DATE: SEP 26 2018

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             |              |                                      |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              |              |                                      |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         |                                      |               |
|                          |                                     |                        | Manufacturer |                                      |               |

6. Conformity Statement

|                                      |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|
| A. Agency's Name and Address         |  | B. Kind of Agency  |  |  |  |
| Name <u>ROTORCRAFT SUPPORT, INC.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> C. Certificate No.<br><input checked="" type="checkbox"/> Certificated Repair Station <input type="checkbox"/> YT2R331L<br><input type="checkbox"/> Certificated Maintenance Organization |  |  |  |
| Address <u>16425 HART STREET</u>     |  |  |  |  |  |
| City <u>VAN NUYS</u> State <u>CA</u> |  |  |  |  |  |
| Zip <u>91406</u> Country <u>USA</u>  |  |  |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |   |  |  |  |
|---|--------------------------|---|--|--|--|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>26 SEP 2018 PHILLIP G. DIFIORE |  |  |  |
|---|--------------------------|---|--|--|--|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                                |   |                |  |                          |  |  |
|---|--------------------------------|---|----------------|--|--------------------------|--|--|
| BY  | FAA Fit Standards<br>Inspector |   | Manufacturer   |  | Maintenance Organization |  | Person Approved by Canadian<br>Department of Transport |
|   | FAA Designee                   | X   | Repair Station |  | Inspection Authorization |  | Other (Specify)  |
| Certificate or<br>Designation No.<br>YT2R331L |                                | Signature/Date of Authorized Individual<br>26 SEP 2018 PHILLIP G. DIFIORE |                |  |                          |  |  |

## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

U.S.A. N510PD

26 SEP 2018

Nationality and Registration Mark

Date

- 1) REMOVED THE FOLLOWING EQUIPMENT FROM THE AIRCRAFT:
  - a) AEROCOMPUTERS ULTICHART CPU MODULE S/N 2257 WITH MOUNT
  - b) AEROCOMPUTERS KEYBOARD P/N AKA-4 S/N 21512 WITH MOUNT
  - c) AEROCOMPUTERS GPS ANTENNA
  - d) AEROCOMPUTERS HAND CONTROLLER INTERFACE UNIT
  - e) AEROCOMPUTERS X3 DVR S/N 73323
  - f) LO-JACK RECEIVER & ANTENNA ARRAY; THE DISPLAY WAS PREVIOUSLY REMOVED.
- 2) A CHURCHILL NAVIGATION, AUGMENTED REALITY SYSTEM (ARS) WAS INSTALLED. THE SYSTEM CONSISTS OF AN:
  - a) ARS 600 PROCESSOR S/N 160411, INSTALLED BELOW THE EXISTING EQUIPMENT SHELF ON THE LEFT HAND SIDE OF THE FORWARD BULKHEAD WALL, IN THE PASSENGER COMPARTMENT.
  - b) NOVATEL IMU-H62, INERTIA MEASUREMENT UNIT, P/N 01017931 S/N NCG17180004, MOUNTED ON TOP OF THE EQUIPMENT SHELF.
  - c) NOVATEL FLEXPACk6, GNSS RECEIVER, S/N 805007 AND SERIAL BYPASS SWITCH (SERBY) WERE MOUNTED ON TOP OF THE FLIR ECU.
  - d) GPS ANTENNA INSTALLED ON THE EXISTING MOUNT ON TOP OF THE FORWARD TAILBOOM.
- 3) INSTALLED A VIDEO ROUTING SYSTEM WHICH INTERFACES THE FLIR 8500, ARS 600, AND MONITOR. THE SYSTEM CONSISTS OF THE FOLLOWING UNITS INSTALLED ON TOP OF THE EQUIPMENT SHELF:
  - a) AJA VIDEO SYSTEMS HD10A-PLUS - HD/SD ANALOG TO DIGITAL CONVERTER.
  - b) TWO DECIMATOR DESIGN MD-HX, -(3G/HD/SD)-SDI / HDMI CROSS CONVERTERS;
  - c) AJA VIDEO SYSTEMS ROI-DVI – DVI-D TO 3G-SDI WITH REGION OF INTEREST SCALING CONVERTER.
- 4) A LO-JACK POLICE TRACKING COMPUTER 3 WAS INSTALLED AT THE BASE OF THE VERTICAL TUNNEL AND AN UPDATED ANTENNA ARRAY MOUNTED TO THE BELLY. LO-JACK TRACKING INFORMATION IS DISPLAYED ON THE MONITOR.
- 5) POWER IS PROVIDED FROM THE MISSION BUSS, THROUGH LABELLED CIRCUIT BREAKERS TO THE UNITS
- 6) A 50 AMP RELAY WAS MOUNTED TO THE LOWER OUTBOARD EDGE OF THE EQUIPMENT SHELF FOR CONTROL OF THE MISSION BUSS.
- 7) THE INSTALLATION WAS PERFORMED REFERENCING: CHURCHILL NAVIGATION DRAWING NO. 8500, REVISION 8, ARS TO FLIR 8500 WIRING SCHEMATIC; CHURCHILL NAVIGATION, PASADENA ARS600 VIDEO ROUTING DIAGRAM, REVISION NOV 13 2017; CHURCHILL NAVIGATION, BASIC ARS600 / FLIR 8500 SYSTEM DIAGRAM, REVISION 01/07/2015; CHURCHILL NAVIGATION, BASIC ARS600 / FLIRU8XXX VIDEO DIAGRAM, REVISION 23 FEB 2016; AJA VIDEO SYSTEMS HD10A-PLUS INSTALLATION & OPERATION GUIDE, VERSION 1.0r1; AJA VIDEO SYSTEMS ROI-DVI INSTALLATION & OPERATION GUIDE, VERSION 1.5; DECIMATOR MD-HX OPERATING MANUAL, VERSION 1.3; HELI-CODER 4 WIRING DIAGRAM, DRAWING NO. D0114395400, REVISION C; NOVATEL OEM6 (FLEXPACk6) INSTALLATION & OPERATION USERS MANUAL NO. OM-20000128, REVISION 12; MD HELICOPTERS, BASIC HANDBOOK OF MAINTENANCE INSTRUCTIONS, CSP-HMI-3, REVISION 18, DATED 31 MAY 2018, CHAPTER 96 - ELECTRICAL AND CHAPTER 98 - WIRING DIAGRAMS; LO-JACK AC43.13-1B, CHANGE 1, DATED SEPT 27, 2001: CHAPTER 10, PARA 10-1 – WEIGHT AND BALANCE; CHAPTER 11, PARA 11-30 TO 11-32 – ELECTRICAL INSTALLATION; PARA 11-35 & 11-36 – ELECTRICAL LOAD; PARA 11-47 TO 11-51 – CIRCUIT BREAKERS; PARA 11-66 TO 11-69, 11-76 TO 11-77, 11-85 TO 11-87, & 11-89 - WIRE SELECTION; PARA 11-96 & 11-97 – WIRE INSTALLATION; PARA 11-106 & 11-107 - EMI & INTERFERENCE TESTING; PARA 11-115 TO 11-118 ENVIRONMENTAL PROTECTION; PARA 11-125 – MOVEABLE CONTROLS PRECAUTIONS; PARA 11-135 TO 11-139 – SERVICE LOOP; PARA 11-146 - WIRE CLAMPING; PARA 11-155 TO 11-158 – STRIPPING AND LACING; PARA 11-167 - SPLICING; PARA 11-185 TO 11-187 GROUNDING AND BONDING; PARA 11-205 & 11-206 - WIRE MARKING; PARA 11-230 TO 11-233 CONNECTORS; AC 43.13-2B, DATED MARCH 2008, CHAPTER 1, PARA 100 TO 113 (STRUCTURAL DATA); CHAPTER 2, PARA 200 TO 207 (COMM / NAV INSTALLATIONS), AND CHAPTER 3, PARA 300 TO 309 (ANTENNA INSTALLATION).
- 8) SATISFACTORY GROUND CHECKS WERE PERFORMED.
- 9) WEIGHT & BALANCE AND EQUIPMENT LIST WAS REVISED.
- 10) THE MAXIMUM CONTINUOUS ELECTRICAL LOAD DOES NOT EXCEED 80% OF THE TOTAL GENERATOR CAPACITY.
- 11) INSTRUCTIONS FOR CONTINUED AIRWORTHINESS: PERFORM ON AN ANNUAL BASIS AN INSPECTION OF THE MOUNTING, ASSOCIATED WIRING, CABLES, CONNECTORS, HARDWARE, AND RELATED AIRCRAFT STRUCTURE FOR INTEGRITY, SECURITY, WEAR, CHAFING, ETC. SPECIAL ATTENTION SHOULD BE GIVEN TO THE AIRCRAFT PRIMARY STRUCTURE WITH REGARDS TO FATIGUE AND STRESS, CRACKING, CORROSION, ETC.
- 12) DETAILS ON FILE AT ROTORCRAFT SUPPORT INC. UNDER WORK ORDER 19059.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
**(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
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Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |   |  |   |        |
|-------------|---|--|---|--------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD   |  | Serial No.<br>0400E   |        |
|             | Make<br>MD HELICOPTERS INC.   |  | Model<br>369E   | Series |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE DEPT. HELICOPTER<br>UNIT |  | Address (As shown on registration certificate)<br>Address <u>455 7<sup>TH</sup> STREET</u><br>City <u>OAKLAND</u> State <u>CA</u><br>Zip <u>94607-3940</u> Country <u>USA</u> |        |

3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                                |               |
|                          |                                     |                        | Manufacturer | _____                                |               |

6. Conformity Statement

|                                      |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|
| A. Agency's Name and Address         |  | B. Kind of Agency  |  |  |  |
| Name <u>ROTORCRAFT SUPPORT, INC.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> C. Certificate No.<br><input checked="" type="checkbox"/> Certificated Repair Station <u>YT2R331L</u><br><input type="checkbox"/> Certificated Maintenance Organization |  |  |  |
| Address <u>16425 HART STREET</u>     |  |  |  |  |  |
| City <u>VAN NUYS</u> State <u>CA</u> |  |  |  |  |  |
| Zip <u>91406</u> Country <u>USA</u>  |  |  |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |  |
|---|--------------------------|--|--|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>26 JUNE 2017 PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|  |                                |  |                          |  |
|--|--------------------------------|--|--------------------------|--|
| BY   | FAA Fit Standards<br>Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian<br>Department of Transport |
|  | FAA Designee                   | X Repair Station   | Inspection Authorization | Other (Specify)  |
| Certificate or<br>Designation No.<br><u>YT2R331L</u> |                                | Signature/Date of Authorized Individual<br>26 JUNE 2017 PHILLIP G. DIFIORE |                          |  |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

26 JUNE 2017

Nationality and Registration Mark

Date

1. REPLACED AFT ENGINE COMPARTMENT HEAT BLANKET WITH A STAINLESS STEEL FIREWALL IN ACCORDANCE WITH CASCADE STC, LLC SUPPLEMENTAL TYPE CERTIFICATE SH4909NM AND CASCADE AIRFRAME REPAIR INC. INSTALLATION NUMBER CAR-5045 REVISION 4 DATED 06/25/12.
2. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED AND THE EQUIPMENT LIST UPDATED.
3. A LOGBOOK ENTRY HAS BEEN MADE.
4. CONTINUED AIRWORTHINESS IS ASSURED THROUGH 12 MONTH PERIODIC INSPECTION PER CASCADE AIRFRAME REPAIR, INC DOCUMENT NUMBER CAR-5045 REVISION 4 DATED 06/25/12 OR LATER REVION.
5. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC. UNDER WORK ORDER 17737.

-----NOTHING FOLLOWS-----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
**(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |   |  |   |        |
|-------------|---|--|---|--------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD   |  | Serial No.<br>0400E   |        |
|             | Make<br>MD HELICOPTERS INC.   |  | Model<br>369E   | Series |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE DEPT. HELICOPTER<br>UNIT |  | Address (As shown on registration certificate)<br>Address 455 7 <sup>TH</sup> STREET<br>City OAKLAND<br>Zip 94607-3940<br>State CA<br>Country USA |        |

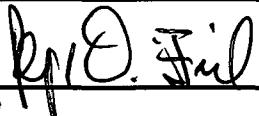
3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             |              |                                      |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              |              |                                      |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         |                                      |               |
|                          |                                     |                        | Manufacturer |                                      |               |

6. Conformity Statement

|                               |  |   |  |  |  |
|-------------------------------|--|---|--|--|--|
| A. Agency's Name and Address  |  | B. Kind of Agency   |  |  |  |
| Name ROTORCRAFT SUPPORT, INC. |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> C. Certificate No.<br><input checked="" type="checkbox"/> Certificated Repair Station YT2R331L<br><input type="checkbox"/> Certificated Maintenance Organization |  |  |  |
| Address 16425 HART STREET     |  |   |  |  |  |
| City VAN NUYS State CA        |  |   |  |  |  |
| Zip 91406 Country USA         |  |   |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |  |
|---|--------------------------|--|--|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>26 JUNE 2017 PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                                |  |                          |  |
|---|--------------------------------|--|--------------------------|--|
| BY  | FAA Fit Standards<br>Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian<br>Department of Transport |
|   | FAA Designee                   | X Repair Station   | Inspection Authorization | Other (Specify)  |
| Certificate or<br>Designation No.<br>YT2R331L |                                | Signature/Date of Authorized Individual<br>26 JUNE 2017 PHILLIP G. DIFIORE |                          |  |

## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

USA N510PD

26 JUNE 2017

Nationality and Registration Mark

Date

1. INSTALLED LEFT HAND SEAT PAN P/N 261023 AND RIGHT HAND SEAT PAN P/N 261024 IN ACCORDANCE WITH AEROMETALS SUPPLEMENTAL TYPE CERTIFICATE SR01960LA AND PLATINUM AVIATION GROUP INSTALLATION INSTRUCTION DOCUMENT NUMBER INST-MDSP-01 REVISION IR DATED 10/17/06.
2. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED AND THE EQUIPMENT LIST UPDATED.
3. A LOGBOOK ENTRY HAS BEEN MADE.
4. CONTINUED AIRWORTHINESS IS ASSURED THROUGH 100 HOUR INSPECTIONS PER INTEGRATED FLIGHT SYSTEMS DOCUMENT NUMBER DL-3-ICA REVISION IR DATED 10/01/06 OR LATER REVISION DATE.
5. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC. UNDER WORK ORDER 17737.

-----NOTHING FOLLOWS-----

Additional Sheets Are Attached



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

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**WP-FSDO-1**

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|             |  |  |  |        |
|-------------|--|--|--|--------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD  |  | Serial No.<br>0400E  |        |
|             | Make<br>MD HELICOPTERS INC.  |  | Model<br>369E  | Series |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE DEPT. HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address <u>455 7TH STREET</u><br>City <u>OAKLAND</u> State <u>CA</u><br>Zip <u>94607-3940</u> Country <u>USA</u> |        |

3. For FAA Use Only

THE DATA IDENTIFIED HEREIN COMPLIES WITH APPLICABLE AIRWORTHINESS REQUIREMENTS AND IS APPROVED ONLY FOR THE ABOVE DESCRIBED AIRCRAFT SUBJECT TO CONFORMITY INSPECTION BY A PERSON AUTHORIZED IN FAR 43.7.

FAA INSPECTOR, VAN NUYS FSDO:

*Jerry N. Dees*  
Jerry N. Dees

DATE: JUN 26 2017

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                                |               |
|                          |                                     |                        | Manufacturer | _____                                |               |

6. Conformity Statement

| A. Agency's Name and Address         |  | B. Kind of Agency   |                                       |  |
|--------------------------------------|--|---|---------------------------------------|--|
| Name <u>ROTORCRAFT SUPPORT, INC.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic             | <input type="checkbox"/> Manufacturer |  |
| Address <u>16425 HART STREET</u>     |  | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No. <u>YT2R331L</u>    |  |
| City <u>VAN NUYS</u> State <u>CA</u> |  | <input checked="" type="checkbox"/> Certificated Repair Station | Manufacturer                          |  |
| Zip <u>91406</u> Country <u>USA</u>  |  | <input type="checkbox"/> Certificated Maintenance Organization  |                                       |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                 |
|---|--------------------------|--|-----------------|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br><i>6/26/2017</i> PHILLIP G. DIFIORE | <i>PG 10-31</i> |
|---|--------------------------|--|-----------------|

7. Approval for Return to Service

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|   |                                |  |                          |  |
|---|--------------------------------|--|--------------------------|--|
| BY  | FAA Fit Standards<br>Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian<br>Department of Transport |
|   | FAA Designee                   | X Repair Station   | Inspection Authorization | Other (Specify)  |
| Certificate or<br>Designation No.<br>YT2R331L |                                | Signature/Date of Authorized Individual<br><i>6/26/2017</i> PHILLIP G. DIFIORE <i>PG 10-31</i> |                          |  |

## NOTICE

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### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

6/26/2017

Nationality and Registration Mark

Date

1. REMOVED THE FOLLOWING ITEMS FROM THE AIRCRAFT: A TECHNISONIC INDUSTRIES LTD, TDFM 7300 TRANSCEIVER FROM THE TOP OF THE PEDESTAL; FIVE ANTENNAS FROM THE BELLY INCLUDING – TWO EACH CI-285, ONE EACH CI-275, ONE EACH CI-292-3 AND ONE FOXTRONICS FLX3050B TUNEABLE ANTENNA SYSTEM.
2. INSTALLED A TECHNISONIC INDUSTRIES LIMITED, TDFM-9300 S/N FTC10175 MULTIBAND DIGITAL AIRBORNE TRANSCEIVER INTO THE TOP OF PEDESTAL. THE TDFM HAS AN EXISTING SUPPLEMENTAL TYPE CERTIFICATE (NUMBER SR03448NY) FOR INSTALLATION INTO A BELL HELICOPTER 206 SERIES ROTORCRAFT, AND IS THE REFERENCE FOR THIS INSTALLATION.
3. FIVE NEW ANTENNAS WERE INSTALLED USING "MS" HARDWARE: TWO CI-285 ANTENNAS S/N'S 536932 & 536933 WERE MOUNTED TO THE FORWARD BELLY; ONE CI-285 S/N 536941 ANTENNA AND ONE CI-295-300 S/N 539098 ANTENNA WERE MOUNTED TO THE AFT BELLY AND A FOXTRONICS FLX3050B TUNEABLE ANTENNA SYSTEM S/N 2668 WAS INSTALLED IN THE SAME POSITION AS THE PREVIOUS SYSTEM. DOUBLERS WERE FABRICATED AND INSTALLED FOR THE LEFT FORWARD ANTENNA LOCATION AND BOTH AFT ANTENNA LOCATIONS. THE OTHER TWO ANTENNA LOCATIONS HAD EXISTING DOUBLERS INSTALLED.
4. NEW WIRING WAS INSTALLED FOR THE TDFM TRANSCEIVER, TUNEABLE ANTENNA , INCLUDING ALL NEW COAX CABLE TO THE ANTENNAS.
5. THE INSTALLATION WAS PERFORMED REFERENCING: TECHNISONIC INSTALLATION INSTRUCTIONS, DOCUMENT NUMBER 13RE471, REVISION D, ISSUE 3, DATED 05 OCT 2016; MD HELICOPTERS HANDBOOK OF MAINTENANCE INSTRUCTIONS – CSP HMI-3, REVISION 14 DATED 15 OCT 2016 AND TEMP REVISION 16-001 DATED 07 NOV 2016; FOXCART GSE, LLC, INSTALLATION INSTRUCTIONS FOR THE FLX3050B, DRAWING 300-0002-013, REVISION A; AC43.13-1B, CHANGE 1, DATED SEPT 27, 2001: CHAPTER 10, PARA 10-1 - WEIGHT AND BALANCE; CHAPTER 11, PARA 11-30 TO 11-32 – ELECTRICAL INSTALLATION; PARA 11-35 & 11-36 - ELECTRICAL LOAD; PARA 11-47 TO 11-51 - CIRCUIT BREAKERS; PARA 11-66 TO 11-69, 11-76 TO 11-77, 11-85 TO 11-87, & 11-89 - WIRE SELECTION; PARA 11-96 & 11-97 - WIRE INSTALLATION; PARA 11-106 & 11-107- EMI & INTERFERENCE TESTING; PARA 11-115 TO 11-118 ENVIRONMENTAL PROTECTION; PARA 11-125 - MOVEABLE CONTROLS PRECAUTIONS; PARA 11-135 TO 11-139 - SERVICE LOOP; PARA 11-146 - WIRE CLAMPING; PARA 11-155 TO 11-158 – STRIPPING AND LACING; PARA 11-167 - SPLICING; PARA 11-185 TO 11-187 GROUNDING AND BONDING; PARA 11-205 & 11-206 WIRE MARKING; PARA 11-230 TO 11-233 CONNECTORS; AC 43.13-2B, DATED MARCH 2008, CHAPTER 1, PARA 100 TO 113 – STRUCTURAL DATA; CHAPTER 2, PARA 200 TO 207- COMM INSTALLATIONS, AND CHAPTER 3, PARA 300 TO 309 – ANTENNAS.
6. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED AND THE EQUIPMENT LIST UPDATED.
7. POWER IS PROVIDED FROM THE AVIONICS BUSS THROUGH A TEN AMP CIRCUIT BREAKER TO THE TDFM UNIT.
8. PERFORMED EMI, INTERFERENCE AND OPERATIONAL TESTS WITH NO ADVERSE AFFECTS ON PREVIOUSLY INSTALLED COMPONENTS AND EQUIPMENT.
9. THE EXISTING ELECTRICAL LOAD DOES NOT EXCEED 80% OF THE TOTAL GENERATOR CAPACITY.
10. TDFM-9300 OPERATING INSTRUCTIONS, DOCUMENT NO. 13RE470, REVISION F, WAS PROVIDED TO THE CUSTOMER.
11. PERFORM ON AN ANNUAL BASIS AN INSPECTION OF THE EQUIPMENT MOUNTINGS, ASSOCIATED WIRING, CABLES, CONNECTORS, HARDWARE, AND RELATED AIRCRAFT STRUCTURE FOR INTEGRITY, SECURITY, WEAR, CHAFING, ETC. SPECIAL ATTENTION SHOULD BE GIVEN TO THE AIRCRAFT PRIMARY STRUCTURE WITH REGARDS TO FATIGUE AND STRESS, CRACKING, CORROSION, ETC.
12. DETAILS ON FILE AT ROTORCRAFT SUPPORT INC UNDER WORK ORDER 17737.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

**WP-FSDO-1**

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereto) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |  |        |
|-------------|--|--|--|--------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD  |  | Serial No.<br>0400E  |        |
|             | Make<br>MD HELICOPTERS INC.  |  | Model<br>369E  | Series |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE DEPT. HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address <u>455 7TH STREET</u><br>City <u>OAKLAND</u> State <u>CA</u><br>Zip <u>94607-3940</u> Country <u>USA</u> |        |

3. For FAA Use Only

THE DATA IDENTIFIED HEREIN COMPLIES WITH APPLICABLE AIRWORTHINESS REQUIREMENTS AND IS APPROVED ONLY FOR THE ABOVE DESCRIBED AIRCRAFT SUBJECT TO CONFORMITY INSPECTION BY A PERSON AUTHORIZED IN FAR 43.7.

FAA INSPECTOR, VAN NUYS FSDO:

*Jerry N. Dees*  
Jerry N. Dees

DATE: JUN 26 2017

| 4. Type                  |                                     | 5. Unit Identification |              |                                |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         |                                |               |
|                          |                                     |                        | Manufacturer |                                |               |

6. Conformity Statement

|                                      |  |  |  |  |
|--------------------------------------|--|--|--|--|
| A. Agency's Name and Address         |  | B. Kind of Agency  |  |  |
| Name <u>ROTORCRAFT SUPPORT, INC.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> C. Certificate No.<br><input checked="" type="checkbox"/> Certificated Repair Station <u>YT2R331L</u><br><input type="checkbox"/> Certificated Maintenance Organization |  |  |
| Address <u>16425 HART STREET</u>     |  |  |  |  |
| City <u>VAN NUYS</u> State <u>CA</u> |  |  |  |  |
| Zip <u>91406</u> Country <u>USA</u>  |  |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                           |
|---|--------------------------|--|---------------------------|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br><i>6/26/2017</i> PHILLIP G. DIFIORE | <i>Phillip G. Difiore</i> |
|---|--------------------------|--|---------------------------|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|  |                                |  |                          |  |
|--|--------------------------------|--|--------------------------|--|
| BY   | FAA Fit Standards<br>Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian<br>Department of Transport |
|  | FAA Designee                   | <input checked="" type="checkbox"/> Repair Station   | Inspection Authorization | Other (Specify)  |
| Certificate or<br>Designation No.<br><u>YT2R331L</u> |                                | Signature/Date of Authorized Individual<br><i>6/26/2017</i> PHILLIP G. DIFIORE <i>Phillip G. Difiore</i> |                          |  |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

6/26/2011

Nationality and Registration Mark

Date

1. REMOVED THE GARMIN GNS 430 GPS / NAV / COMM FROM THE INSTRUMENT PANEL AND THE GA 56 GPS ANTENNA FROM THE MOUNT LOCATED ON THE TOP OF THE AFT FUSELAGE.
2. INSTALLED A GARMIN GTN 650 GPS / NAV / COMM TRANSCEIVER P/N 010-00813-A0 S/N 1Z8022881 IN THE INSTRUMENT PANEL AND GA 35 S/N 135785 GPS ANTENNA ON AN EXISTING MOUNT ON TOP OF THE AFT FUSELAGE REFERENCING SUPPLEMENTAL TYPE CERTIFICATE NUMBER SR02120SE AND MASTER DRAWING LIST NO. 005-00533-H0, REVISION 2. THE GTN WAS INTERFACED TO THE EXISTING GI-106A NAV INDICATOR. THERE IS A DEVIATION FROM THE STC WHICH SHOWS THE GTN 650 INSTALLED IN THE TOP OF THE PEDESTAL AND THE GA 35 INSTALLED ON TOP OF THE UPPER AFT FUSELAGE ENCLOSURE.
3. THE INSTALLATION WAS PERFORMED REFERENCING: GARMIN GTN 6XX/7XX PART 27 AML STC INSTALLATION MANUAL NO. 190-01007-B3, REVISION 2; MD HELICOPTERS HANDBOOK OF MAINTENANCE INSTRUCTIONS – CSP HMI-3, REVISION 14 DATED 15 OCT 2016 AND TEMP REVISION 16-001 DATED 07 NOV 2016; AC43.13-1B, CHANGE 1, DATED SEPT 27, 2001: CHAPTER 10, PARA 10-1 - WEIGHT AND BALANCE; CHAPTER 11, PARA 11-30 TO 11-32 – ELECTRICAL INSTALLATION; PARA 11-35 & 11-36 - ELECTRICAL LOAD; PARA 11-47 TO 11-51 - CIRCUIT BREAKERS; PARA 11-66 TO 11-69, 11-76 TO 11-77, 11-85 TO 11-87, & 11-89 - WIRE SELECTION; PARA 11-96 & 11-97 - WIRE INSTALLATION; PARA 11-106 & 11-107- EMI & INTERFERENCE TESTING; PARA 11-115 TO 11-118 ENVIRONMENTAL PROTECTION; PARA 11-125 - MOVEABLE CONTROLS PRECAUTIONS; PARA 11-135 TO 11-139 - SERVICE LOOP; PARA 11-146 - WIRE CLAMPING; PARA 11-155 TO 11-158 – STRIPPING AND LACING; PARA 11-167 - SPLICING; PARA 11-185 TO 11-187 GROUNDING AND BONDING; PARA 11-205 & 11-206 WIRE MARKING; PARA 11-230 TO 11-233 CONNECTORS; AC 43.13-2B, DATED MARCH 2008, CHAPTER 1, PARA 100 TO 113 – STRUCTURAL DATA; CHAPTER 2, PARA 200 TO 207- COMM INSTALLATIONS, AND CHAPTER 3, PARA 300 TO 309 – ANTENNAS.
4. GTN 625/635/650 COCKPIT REFERENCE GUIDE NO. 190-01004-04, REVISION K AND GTN 625/635/650 PILOT'S GUIDE NO. 190-01004-03, REVISION L, WERE PROVIDED TO THE CUSTOMER.
5. GARMIN STC PERMISSION LETTER WAS FILED IN THE AIRCRAFT RECORDS.
6. ROTORCRAFT FLIGHT MANUAL SUPPLEMENT NO. 190-01007-JB, REVISION 2 WAS FILED IN THE ROTORCRAFT FLIGHT MANUAL.
7. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED AND THE EQUIPMENT LIST UPDATED.
8. POWER IS PROVIDED FROM THE AVIONICS BUSS THROUGH TWO FIVE AMP CIRCUIT BREAKERS TO THE GTN UNIT.
9. PERFORMED EMI, INTERFERENCE AND OPERATIONAL TESTS WITH NO ADVERSE AFFECTS ON PREVIOUSLY INSTALLED COMPONENTS AND EQUIPMENT.
10. THE EXISTING ELECTRICAL LOAD DOES NOT EXCEED 80% OF THE TOTAL GENERATOR CAPACITY.
11. REFER TO GARMIN GTN 6XX/7XX PART 27 AML STC MAINTENANCE MANUAL NO. 190-01007-B1, REVISION 2 FOR MAINTENANCE AND TROUBLESHOOTING INSTRUCTIONS. REFER TO GARMIN INSTRUCTIONS FOR CONTINUED AIRWORTHINESS NO. 190-01007-KB, REVISION 2 FOR INSPECTION REQUIREMENTS WHICH INCLUDES 100 HOUR / 12 MONTH INSPECTION AND A 10 YEAR / 2000 HOUR ELECTRICAL BONDING CHECK.
12. DETAILS ON FILE AT ROTORCRAFT SUPPORT INC UNDER WORK ORDER 17737.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

**WP-FSDO-1**

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereto) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |               |  |
|-------------|--|---------------|--|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD  |               | Serial No.<br>0400E  |
|             | Make<br>MD HELICOPTERS INC.  | Model<br>369E | Series   |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE DEPT. HELICOPTER UNIT |               | Address (As shown on registration certificate)<br>Address <u>455 7TH STREET</u><br>City <u>OAKLAND</u> State <u>CA</u><br>Zip <u>94607-3940</u> Country <u>USA</u> |

**3. For FAA Use Only**

THE DATA IDENTIFIED HEREIN COMPLIES WITH APPLICABLE AIRWORTHINESS REQUIREMENTS AND IS APPROVED ONLY FOR THE ABOVE DESCRIBED AIRCRAFT SUBJECT TO CONFORMITY INSPECTION BY A PERSON AUTHORIZED IN FAR 43.7.

FAA INSPECTOR, VAN NUYS FSDO:

DATE: JUN 26 2017

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                                |               |
|                          |                                     |                        | Manufacturer |                                      |               |

**6. Conformity Statement**

|                                      |  |   |                                       |  |
|--------------------------------------|--|---|---------------------------------------|--|
| A. Agency's Name and Address         |  | B. Kind of Agency   |                                       |  |
| Name <u>ROTORCRAFT SUPPORT, INC.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic             | <input type="checkbox"/> Manufacturer |  |
| Address <u>16425 HART STREET</u>     |  | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No.                    |  |
| City <u>VAN NUYS</u> State <u>CA</u> |  | <input checked="" type="checkbox"/> Certificated Repair Station | YT2R331L                              |  |
| Zip <u>91406</u> Country <u>USA</u>  |  | <input type="checkbox"/> Certificated Maintenance Organization  |                                       |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                 |
|---|--------------------------|--|-----------------|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br><i>6/26/2017</i> PHILLIP G. DIFIORE | <i>PF 10-36</i> |
|---|--------------------------|--|-----------------|

**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                                |  |                          |  |
|---|--------------------------------|--|--------------------------|--|
| BY  | FAA Fit Standards<br>Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian<br>Department of Transport |
|   | FAA Designee                   | X Repair Station   | Inspection Authorization | Other (Specify)  |
| Certificate or<br>Designation No.<br>YT2R331L |                                | Signature/Date of Authorized Individual<br><i>6/26/2017</i> PHILLIP G. DIFIORE |                          |  |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

6/26/2017

Nationality and Registration Mark

Date

1. REMOVED THE GARMIN GTX 330 TRANSPONDER FROM THE PEDESTAL, THE KA-60A TRANSPONDER ANTENNA FROM THE AFT BELLY AND A SSD120-30N BLIND ENCODER FROM THE SHELF FORWARD OF THE PEDESTAL.
2. INSTALLED A GARMIN GTX 345R REMOTE TRANSPONDER P/N 010-01217-01 S/N 3EH002165 WITH ADS-B OUT AND IN FUNCTIONALITY UNDER THE PILOT SEAT, REFERENCING GARMIN INTERNATIONAL, INC. SUPPLEMENTAL TYPE CERTIFICATE NUMBER SR02124SE AND MASTER DRAWING LIST 005-00734-A4, REVISION 1. THIS IS A DEVIATION FROM THE STC WHICH SHOWS THE GTX 345R LOCATED BEHIND THE INSTRUMENT PANEL. A MOUNT FABRICATED FROM 2024-T3 ALUMINUM SHEET .040" THICK WAS USED TO MOUNT THE TRANSPONDER UNDER THE PILOT SEAT PANEL.
3. A CI 105 ANTENNA WAS INSTALLED ON THE AFT BELLY AND A SSD120-30N-RS232 ENCODER S/N SRN23237 INSTALLED ON THE SHELF FORWARD OF THE PEDESTAL.
4. THE GTX 345R IS INTERFACED TO THE GTN 650 FOR DISPLAY.
5. PILOT'S GUIDE, NO. 1490-01499-00, REVISION C WAS PROVIDED TO THE CUSTOMER.
6. THE INSTALLATION WAS PERFORMED REFERENCING: GARMIN GTX 3X5, PART 27, AML STC INSTALLATION MANUAL NO. 190-00734-20, REVISION 4; MD HELICOPTERS HANDBOOK OF MAINTENANCE INSTRUCTIONS – CSP HMI-3, REVISION 14 DATED 15 OCT 2016 AND TEMP REVISION 16-001, DATED 07 NOV 2016; TRANS-CAL INDUSTRIES, INC. MODEL SSD120-(XX)N-RS232 ALTITUDE ENCODER OWNER / INSTALLATION MANUAL NO. 882189, REVISION G; AC43.13-1B, CHANGE 1, DATED SEPT 27, 2001: CHAPTER 10, PARA 10-1 - WEIGHT AND BALANCE; CHAPTER 11, PARA 11-30 TO 11-32 – ELECTRICAL INSTALLATION; PARA 11-35 & 11-36 - ELECTRICAL LOAD; PARA 11-47 TO 11-51 - CIRCUIT BREAKERS; PARA 11-66 TO 11-69, 11-76 TO 11-77, 11-85 TO 11-87, & 11-89 - WIRE SELECTION; PARA 11-96 & 11-97 - WIRE INSTALLATION; PARA 11-106 & 11-107- EMI & INTERFERENCE TESTING; PARA 11-115 TO 11-118 ENVIRONMENTAL PROTECTION; PARA 11-125 - MOVEABLE CONTROLS PRECAUTIONS; PARA 11-135 TO 11-139 - SERVICE LOOP; PARA 11-146 - WIRE CLAMPING; PARA 11-155 TO 11-158 – STRIPPING AND LACING; PARA 11-167 - SPLICING; PARA 11-185 TO 11-187 GROUNDING AND BONDING; PARA 11-205 & 11-206 WIRE MARKING; PARA 11-230 TO 11-233 CONNECTORS; AC 43.13-2B, DATED MARCH 2008, CHAPTER 1, PARA 100 TO 113 – STRUCTURAL DATA; CHAPTER 2, PARA 200 TO 207- COMM INSTALLATIONS, AND CHAPTER 3, PARA 300 TO 309 – ANTENNAS.
7. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED AND THE EQUIPMENT LIST UPDATED.
8. POWER IS PROVIDED FROM THE AVIONICS BUSS THROUGH A FIVE AMP CIRCUIT BREAKER TO THE GTX 345R.
9. PERFORMED EMI, INTERFERENCE AND OPERATIONAL TESTS WITH NO ADVERSE AFFECTS ON PREVIOUSLY INSTALLED COMPONENTS AND EQUIPMENT.
10. THE EXISTING ELECTRICAL LOAD DOES NOT EXCEED 80% OF THE TOTAL GENERATOR CAPACITY.
11. GARMIN STC PERMISSION LETTER WAS FILED IN THE AIRCRAFT RECORDS.
12. FLIGHT MANUAL SUPPLEMENT NO. 190-00734-22, REVISION 1, WAS FILED IN THE ROTORCRAFT FLIGHT MANUAL.
13. THE SYSTEM IS APPROVED FOR SERVICE AFTER SATISFACTORY CHECK FLIGHT VALIDATED BY THE ADS-B COMPLIANCE MONITOR.
14. REFER TO GARMIN GTX 3X5 PART 27 AML MAINTENANCE MANUAL NO. 190-00734-21, REVISION 1 FOR INSTRUCTIONS ON CONTINUED AIRWORTHINESS WHICH INCLUDES A 12 MONTH VISUAL INSPECTION AND A 10 YEAR / 2000 HOUR BONDING TEST.
15. DETAILS ON FILE AT ROTORCRAFT SUPPORT INC UNDER WORK ORDER 17737.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

**WP-FSDO-1**

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |  |        |
|-------------|--|--|--|--------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD  |  | Serial No.<br>0400E  |        |
|             | Make<br>MD HELICOPTERS INC.  |  | Model<br>369E  | Series |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE DEPT. HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address <u>455 7TH STREET</u><br>City <u>OAKLAND</u> State <u>CA</u><br>Zip <u>94607-3940</u> Country <u>USA</u> |        |

**3. For FAA Use Only**

THE DATA IDENTIFIED HEREIN COMPLIES WITH APPLICABLE AIRWORTHINESS REQUIREMENTS AND IS APPROVED ONLY FOR THE ABOVE DESCRIBED AIRCRAFT SUBJECT TO CONFORMITY INSPECTION BY A PERSON AUTHORIZED IN FAR 43.7.

FAA INSPECTOR, VAN NUYS FSDO:

*Jerry N. Dees*  
**Jerry N. Dees**

DATE: JUN 26 2017

| 4. Type                  |                                     | 5. Unit Identification |              |                                |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         |                                |               |
|                          |                                     |                        | Manufacturer |                                |               |

**6. Conformity Statement**

|                                      |  |  |  |  |
|--------------------------------------|--|--|--|--|
| A. Agency's Name and Address         |  | B. Kind of Agency  |  |  |
| Name <u>ROTORCRAFT SUPPORT, INC.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> C. Certificate No.<br><input checked="" type="checkbox"/> Certificated Repair Station <u>YT2R331L</u><br><input type="checkbox"/> Certificated Maintenance Organization |  |  |
| Address <u>16425 HART STREET</u>     |  |  |  |  |
| City <u>VAN NUYS</u> State <u>CA</u> |  |  |  |  |
| Zip <u>91406</u> Country <u>USA</u>  |  |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |               |
|---|--------------------------|--|---------------|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br><i>6/26/2017</i> PHILLIP G. DIFIORE | <i>PPG/JR</i> |
|---|--------------------------|--|---------------|

**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|  |                                |  |                          |  |
|--|--------------------------------|--|--------------------------|--|
| BY   | FAA Fit Standards<br>Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian<br>Department of Transport |
|  | FAA Designee                   | X Repair Station   | Inspection Authorization | Other (Specify)  |
| Certificate or<br>Designation No.<br><u>YT2R331L</u> |                                | Signature/Date of Authorized Individual<br><i>6/26/2017</i> PHILLIP G. DIFIORE <i>PPG/JR</i> |                          |  |

## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

USA N510PD

6/26/2017

Nationality and Registration Mark

Date

1. REMOVED TWO CIGARETTE LIGHTER ADAPTERS ONE FROM THE COCKPIT AND ONE FROM THE PASSENGER COMPARTMENT.
2. INSTALLED A MID-CONTINENT INSTRUMENT CO., INC., TRUE BLUE POWER, TA102 DUAL USB CHARGING PORT P/N 6430102-1 S/N C17-10899 BELOW THE INSTRUMENT PANEL. THE UNIT MEETS THE PERFORMANCE STANDARDS OF TSO-C71 AND ENVIRONMENTAL QUALIFICATION DO-160G.
3. THE INSTALLATION WAS PERFORMED REFERENCING: TRUE BLUE POWER, INSTALLATION MANUAL AND OPERATING INSTRUCTIONS NO. 9017942, REVISION J; MD HELICOPTERS HANDBOOK OF MAINTENANCE INSTRUCTIONS – CSP HMI-3, REVISION 14 DATED 15 OCT 2016 AND TEMP REVISION 16-001 DATED 07 NOV 2016; AC43.13-1B, CHANGE 1, DATED SEPT 27, 2001: CHAPTER 10, PARA 10-1 – WEIGHT AND BALANCE; CHAPTER 11, PARA 11-30 TO 11-32 – ELECTRICAL INSTALLATION; PARA 11-35 & 11-36 - ELECTRICAL LOAD; PARA 11-47 TO 11-51 - CIRCUIT BREAKERS; PARA 11-66 TO 11-69, 11-76 TO 11-77, 11-85 TO 11-87, & 11-89 - WIRE SELECTION; PARA 11-96 & 11-97 - WIRE INSTALLATION; PARA 11-106 & 11-107- EMI & INTERFERENCE TESTING; PARA 11-115 TO 11-118 ENVIRONMENTAL PROTECTION; PARA 11-125 - MOVEABLE CONTROLS PRECAUTIONS; PARA 11-135 TO 11-139 – SERVICE LOOP; PARA 11-146 - WIRE CLAMPING; PARA 11-155 TO 11-158 – STRIPPING AND LACING; PARA 11-167 - SPLICING; PARA 11-185 TO 11-187 GROUNDING AND BONDING; PARA 11-205 & 11-206 WIRE MARKING; PARA 11-230 TO 11-233 CONNECTORS; AC 43.13-2B, DATED MARCH 2008, CHAPTER 1, PARA 100 TO 113 – STRUCTURAL DATA; AND CHAPTER 2, PARA 200 TO 207- COMM INSTALLATIONS.
4. INSTALLATION MANUAL AND OPERATING INSTRUCTIONS WAS PROVIDED TO THE CUSTOMER.
5. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED AND THE EQUIPMENT LIST UPDATED.
6. POWER IS PROVIDED FROM THE BATTERY BUSS THROUGH A ONE AMP CIRCUIT BREAKER TO THE TA102.
7. PERFORMED EMI, INTERFERENCE AND OPERATIONAL TESTS WITH NO ADVERSE AFFECTS ON PREVIOUSLY INSTALLED COMPONENTS AND EQUIPMENT.
8. THE EXISTING ELECTRICAL LOAD DOES NOT EXCEED 80% OF THE TOTAL GENERATOR CAPACITY.
9. PERFORM ON AN ANNUAL BASIS AN INSPECTION OF THE EQUIPMENT MOUNTINGS, ASSOCIATED WIRING, CABLES, CONNECTORS, HARDWARE, AND RELATED AIRCRAFT STRUCTURE FOR INTEGRITY, SECURITY, WEAR, CHAFING, ETC. SPECIAL ATTENTION SHOULD BE GIVEN TO THE AIRCRAFT PRIMARY STRUCTURE WITH REGARDS TO FATIGUE AND STRESS, CRACKING, CORROSION, ETC.
10. DETAILS ON FILE AT ROTORCRAFT SUPPORT INC UNDER WORK ORDER 17737.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
**(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

**WP-FSDO-1**

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |   |        |
|-------------|--|--|---|--------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD  |  | Serial No.<br>0400E   |        |
|             | Make<br>MD HELICOPTERS INC.  |  | Model<br>369E   | Series |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE DEPT. HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address 455 7 <sup>TH</sup> STREET<br>City OAKLAND State CA<br>Zip 94607-3940 Country USA |        |

**3. For FAA Use Only**

THE DATA IDENTIFIED HEREIN COMPLIES WITH APPLICABLE AIRWORTHINESS REQUIREMENTS AND IS APPROVED ONLY FOR THE ABOVE DESCRIBED AIRCRAFT SUBJECT TO CONFORMITY INSPECTION BY A PERSON AUTHORIZED IN FAR 43.7.

FAA INSPECTOR, VAN NUYS FSDO

*Anthony V. Caputo* DATE: JUN 26 2017  
*Anthony V. Caputo*

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            |                        | Manufacturer | _____                                |               |

**6. Conformity Statement**

|                               |  |                                     |                                       |                          |              |
|-------------------------------|--|-------------------------------------|---------------------------------------|--------------------------|--------------|
| A. Agency's Name and Address  |  | B. Kind of Agency                   |                                       |                          |              |
| Name ROTORCRAFT SUPPORT, INC. |  | <input type="checkbox"/>            | U.S. Certificated Mechanic            | <input type="checkbox"/> | Manufacturer |
| Address 16425 HART STREET     |  | <input type="checkbox"/>            | Foreign Certificated Mechanic         | C. Certificate No.       |              |
| City VAN NUYS State CA        |  | <input checked="" type="checkbox"/> | Certificated Repair Station           | YT2R331L                 |              |
| Zip 91406 Country USA         |  | <input type="checkbox"/>            | Certificated Maintenance Organization |                          |              |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |  |                  |
|---|--------------------------|--|--|------------------|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br><i>6/26/2017</i> PHILLIP G. DIFIORE |  | <i>6/26/2017</i> |
|---|--------------------------|--|--|------------------|

**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                                |   |                          |  |
|---|--------------------------------|---|--------------------------|--|
| BY  | FAA Fit Standards<br>Inspector | Manufacturer  | Maintenance Organization | Person Approved by Canadian<br>Department of Transport |
|   | FAA Designee                   | X Repair Station  | Inspection Authorization | Other (Specify)  |
| Certificate or<br>Designation No.<br>YT2R331L |                                | Signature/Date of Authorized Individual<br><i>6/26/2017</i> PHILLIP G. DIFIORE <i>6/26/2017</i> |                          |  |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

6/26/2011

Nationality and Registration Mark

Date

1. REMOVED THE TECHNISONIC INDUSTRIES LIMITED, ACCESS/A AUDIO CONTROL SYSTEM WITH MODEL A711 SERIES CONTROL PANELS – ONE FROM THE INSTRUMENT PANEL (CO-PILOT) AND ONE FROM THE BOTTOM OF THE PEDESTAL (PILOT).
2. INSTALLED A TECHNISONIC INDUSTRIES LIMITED, ACCESS/A AUDIO CONTROL SYSTEM WITH MODEL A711L SERIES CONTROL PANELS P/N 961072-60 S/N'S MJ1310 & MJ1309 – ONE INTO THE BOTTOM OF THE PEDESTAL (PILOT) AND ONE ON THE RIGHT HAND SIDE OF THE INSTRUMENT PANEL (CO-PILOT).
3. THE INSTALLATION WAS PERFORMED REFERENCING: TECHNISONIC INSTALLATION MANUAL, DOCUMENT NUMBER 09RE416, REVISION A; MD HELICOPTERS HANDBOOK OF MAINTENANCE INSTRUCTIONS – CSP HMI-3, REVISION 14 DATED 15 OCT 2016 AND TEMP REVISION 16-001 DATED 07 NOV 2016; AC43.13-1B, CHANGE 1, DATED SEPT 27, 2001: CHAPTER 10, PARA 10-1 – WEIGHT AND BALANCE; CHAPTER 11, PARA 11-30 TO 11-32 – ELECTRICAL INSTALLATION; PARA 11-35 & 11-36 - ELECTRICAL LOAD; PARA 11-47 TO 11-51 - CIRCUIT BREAKERS; PARA 11-66 TO 11-69, 11-76 TO 11-77, 11-85 TO 11-87, & 11-89 - WIRE SELECTION; PARA 11-96 & 11-97 - WIRE INSTALLATION; PARA 11-106 & 11-107- EMI & INTERFERENCE TESTING; PARA 11-115 TO 11-118 ENVIRONMENTAL PROTECTION; PARA 11-125 - MOVEABLE CONTROLS PRECAUTIONS; PARA 11-135 TO 11-139 – SERVICE LOOP; PARA 11-146 - WIRE CLAMPING; PARA 11-155 TO 11-158 – STRIPPING AND LACING; PARA 11-167 - SPLICING; PARA 11-185 TO 11-187 GROUNDING AND BONDING; PARA 11-205 & 11-206 WIRE MARKING; PARA 11-230 TO 11-233 CONNECTORS; AC 43.13-2B, DATED MARCH 2008, CHAPTER 1, PARA 100 TO 113 – STRUCTURAL DATA; AND CHAPTER 2, PARA 200 TO 207- COMM INSTALLATIONS.
4. OPERATING INSTRUCTIONS MANUAL, DOCUMENT NUMBER 09RE417, REVISION N/C WAS PROVIDED TO THE CUSTOMER.
5. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED AND THE EQUIPMENT LIST UPDATED.
6. POWER IS PROVIDED FROM THE AVIONICS BUSS THROUGH A ONE AMP CIRCUIT BREAKERS TO EACH AUDIO PANEL.
7. TWO AUDIO NOISE REDUCTION (ANR) HEADPHONE ADAPTERS P/N HCA-PPM24 WERE INSTALLED IN THE AFT UPPER AREA OF THE COCKPIT AND ARE PROTECTED BY A ONE AMP CIRCUIT BREAKER.
8. PERFORMED EMI, INTERFERENCE AND OPERATIONAL TESTS WITH NO ADVERSE AFFECTS ON PREVIOUSLY INSTALLED COMPONENTS AND EQUIPMENT.
9. THE EXISTING ELECTRICAL LOAD DOES NOT EXCEED 80% OF THE TOTAL GENERATOR CAPACITY.
10. PERFORM ON AN ANNUAL BASIS AN INSPECTION OF THE EQUIPMENT MOUNTINGS, ASSOCIATED WIRING, CABLES, CONNECTORS, HARDWARE, AND RELATED AIRCRAFT STRUCTURE FOR INTEGRITY, SECURITY, WEAR, CHAFING, ETC. SPECIAL ATTENTION SHOULD BE GIVEN TO THE AIRCRAFT PRIMARY STRUCTURE WITH REGARDS TO FATIGUE AND STRESS, CRACKING, CORROSION, ETC.
11. DETAILS ON FILE AT ROTORCRAFT SUPPORT INC UNDER WORK ORDER 17737.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |   |                    |
|-------------|--|--|---|--------------------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510 PD   |  | Serial No.<br>0400E   |                    |
|             | Make<br>MCDONNELL DOUGLAS  |  | Model<br>369E   | Series             |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address <u>455 7<sup>TH</sup> ST</u><br>City <u>OAKLAND</u> | State <u>CA</u>    |
|             |  |  | Zip <u>94607-3940</u>   | Country <u>USA</u> |

3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                          | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                          | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                          | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            |                        | Manufacturer |                                |               |

6. Conformity Statement

|                                      |                    |   |                                       |  |
|--------------------------------------|--------------------|---|---------------------------------------|--|
| A. Agency's Name and Address         |                    | B. Kind of Agency   |                                       |  |
| Name <u>ROTORCRAFT SUPPORT, INC.</u> |                    | <input type="checkbox"/> U.S. Certificated Mechanic             | <input type="checkbox"/> Manufacturer |  |
| Address <u>16425 HART STREET</u>     |                    | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No.                    |  |
| City <u>VAN NUYS</u>                 | State <u>CA</u>    | <input checked="" type="checkbox"/> Certificated Repair Station | YT2R331L                              |  |
| Zip <u>91406</u>                     | Country <u>USA</u> | <input type="checkbox"/> Certificated Maintenance Organization  |                                       |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |
|---|--------------------------|--|--------------------|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>26 APRIL 2016 | PHILLIP G. DIFIORE |
|---|--------------------------|--|--------------------|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                             |  |                          |   |
|---|-----------------------------|--|--------------------------|---|
| BY  | FAA Fit Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|   | FAA Designee                | <input checked="" type="checkbox"/> Repair Station       | Inspection Authorization | Other (Specify)                                     |
| Certificate or<br>Designation No.<br>YT2R331L |                             | Signature/Date of Authorized Individual<br>26 APRIL 2016 |                          |   |

PHILLIP G. DIFIORE

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

26 APRIL 2016

Nationality and Registration Mark

Date

1. THE ORIGINAL TURBINE OUTLET TEMPERATURE (TOT) INSTRUMENT WAS REMOVED.
2. INSTALLED A DIAMOND J INC., ANALOG / DIGITAL TOT INDICATOR WITH EXCEEDANCE LOGGING CAPABILITY.
3. THE INDICATOR, P/N 61000-034, S/N 14964L, WAS INSTALLED IN THE INSTRUMENT PANEL.
4. INSTALLATION WAS PERFORMED REFERENCING SUPPLEMENTAL TYPE CERTIFICATE NUMBER SR00031LB AND DRAWING NO. 21001, REV C, DATED 20 APR 2010.
5. INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ARE CONTAINED IN MANUAL NO. 87041, REVISION B, DATED 01 JUN 1999.
6. FLIGHT MANUAL SUPPLEMENT NO. 87012, REV B, DATED 07 MAY 1999 WAS FILED IN THE ROTORCRAFT FLIGHT MANAUL.
7. OWNERS MANUAL, DOCUMENT NO. 87040, REVISION E, DATED 08 MAY 2012, WAS PLACED IN THE AIRCRAFT RECORDS.
8. COMPLETED A COMPASS SWING AND UPDATED COMPASS CORRECTION CARD.
9. A LOGBOOK ENTRY HAS BEEN MADE.
10. EQUIPMENT LIST REVISED.
11. WEIGHT AND BALANCE REVISED.
12. PERMISSION LETTER FOR USE OF THE STC PROVIDED BY JASON HARRIS OF DIAMOND J, INC. AND FILED IN THE AIRCRAFT RECORDS.
13. PERFORMED EMI, INTERFERENCE AND OPERATIONAL TESTS WITH NO ADVERSE AFFECTS ON PREVIOUSLY INSTALLED COMPONENTS AND EQUIPMENT.
14. THE MAXIMUM CONTINUOUS ELECTRICAL LOAD DOES NOT EXCEED 80% OF THE TOTAL GENERATOR CAPACITY.
15. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC. UNDER WORK ORDER 17064.

-----  
NOTHING FOLLOWS-----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |                         |
|-------------|--|--|-------------------------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510 PD   | Serial No.<br>0400E  |                         |
|             | Make<br>MCDONNELL DOUGLAS  | Model<br>369E  | Series                  |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT | Address (As shown on registration certificate)<br>Address 455 7 <sup>TH</sup> ST<br>City OAKLAND<br>Zip 94607-3940 | State CA<br>Country USA |

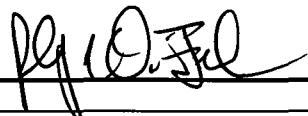
**3. For FAA Use Only**

| 4. Type                  |                                     | 5. Unit Identification |              |                                |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                          | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                          | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                          | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            |                        | Manufacturer | _____                          | _____         |

**6. Conformity Statement**

|                               |  |   |                                       |  |
|-------------------------------|--|---|---------------------------------------|--|
| A. Agency's Name and Address  |  | B. Kind of Agency   |                                       |  |
| Name ROTORCRAFT SUPPORT, INC. |  | <input type="checkbox"/> U.S. Certificated Mechanic             | <input type="checkbox"/> Manufacturer |  |
| Address 16425 HART STREET     |  | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No.                    |  |
| City VAN NUYS State CA        |  | <input checked="" type="checkbox"/> Certificated Repair Station | YT2R331L                              |  |
| Zip 91406 Country USA         |  | <input type="checkbox"/> Certificated Maintenance Organization  |                                       |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |   |
|---|--------------------------|--|--------------------|---|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>26 APRIL 2016 | PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--------------------|---|

**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                             |  |                          |   |
|---|-----------------------------|--|--------------------------|---|
| BY  | FAA Flt Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|   | FAA Designee                | X Repair Station   | Inspection Authorization | Other (Specify)                                     |
| Certificate or<br>Designation No.<br>YT2R331L |                             | Signature/Date of Authorized Individual<br>26 APRIL 2016 |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

26 APRIL 2016

Nationality and Registration Mark

Date

1. INSTALLED NEW OIL CAP ASSEMBLY P/N AM369A8321 IN REFERENCE TO SUPPLEMENTAL TYPE CERTIFICATE SR01996SE AND AIRCRAFT MANUFACTURING COMPANY, LLC INSTALLATION INSTRUCTIONS, DOCUMENT NUMBER AMC MI-08002 REVISION NC DATED 09/18/08.
2. INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ARE CONTAINED IN MDHI MAINTENANCE MANUAL CSP-HMI-2, SECTION 79-00-00.
3. A LOGBOOK ENTRY HAS BEEN MADE.
4. EQUIPMENT LIST REVISED.
5. WEIGHT AND BALANCE NEGLIGIBLE.
6. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC. UNDER WORK ORDER 17064.

-----  
NOTHING FOLLOWS-----

Additional Sheets Are Attached



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
**(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|                           |  |  |  |        |
|---------------------------|--|--|--|--------|
| 1. Aircraft               | Nationality and Registration Mark<br>U.S.A. N510PD                                       |  | Serial No.<br>0400E  |        |
|                           | Make<br>MCDONNELL DOUGLAS  |  | Model<br>369E  | Series |
| 2. Owner                  | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address 455 7 <sup>TH</sup> ST<br>City OAKLAND<br>Zip 94607-3940 |        |
| State CA<br>Country _____ |  |  |  |        |

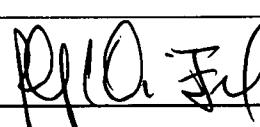
3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                                |               |
|                          |                                     |                        | Manufacturer | _____                                |               |

6. Conformity Statement

|                                      |  |   |  |                                       |  |
|--------------------------------------|--|---|--|---------------------------------------|--|
| A. Agency's Name and Address         |  | B. Kind of Agency   |  |                                       |  |
| Name <u>Rotorcraft Support, Inc.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic             |  | <input type="checkbox"/> Manufacturer |  |
| Address <u>16425 Hart Street</u>     |  | <input type="checkbox"/> Foreign Certificated Mechanic          |  | C. Certificate No. _____              |  |
| City <u>Van Nuys</u> State <u>CA</u> |  | <input checked="" type="checkbox"/> Certificated Repair Station |  | YT2R331L                              |  |
| Zip <u>91406</u> Country <u>USA</u>  |  | <input type="checkbox"/> Certificated Maintenance Organization  |  | _____                                 |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |   |
|---|--------------------------|--|--------------------|---|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>06 JUL 2015 | PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--------------------|---|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                                |  |                          |  |
|---|--------------------------------|--|--------------------------|--|
| BY  | FAA Flt Standards<br>Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian<br>Department of Transport |
|   | FAA Designee                   | X Repair Station                                       | Inspection Authorization | Other (Specify) <u>Phillip G. Difiore</u>              |
| Certificate or<br>Designation No.<br>YT2R331L |                                | Signature/Date of Authorized Individual<br>06 JUL 2015 |                          |  |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

U.S.A. N510PD

06 JUL 2015

Nationality and Registration Mark

Date

1. REMOVED THE XENON STROBE LIGHT FROM THE FORWARD BELLY AND THE STROBE LIGHT POWER SUPPLY FROM UNDER THE COCKPIT FLOOR.
2. INSTALLED A WHELEN RED LED STROBE LIGHT P/N 01-0771080-01 AT THE SAME LOCATION ON THE BELLY REFERENCING WHELEN SUPPLEMENTAL TYPE CERTIFICATE NUMBER SA615EA AND WHELEN INSTALLATION AND SERVICE MANUAL - DOCUMENT NUMBER 05131, REVISION D, DATED MAY 2015.
3. A LOGBOOK ENTRY HAS BEEN MADE.
4. NO INTERFERENCE WAS NOTED UPON COMPLETION OF SYSTEM TESTING.
5. CONTINUED AIRWORTHINESS IS ASSURED USING THE ABOVE MENTIONED INSTALLATION AND SERVICE MANUAL.
6. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED.
7. THE EQUIPMENT LIST WAS REVISED.
8. SATISFACTORY OPERATIONAL TESTS WERE PERFORMED.
9. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC UNDER WORK ORDER 15993.

-----  
NOTHING FOLLOWS  
-----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |                     |
|-------------|--|--|---------------------|
| 1. Aircraft | Nationality and Registration Mark<br>U.S.A. N510PD                                       | Serial No.<br>0400E  |                     |
|             | Make<br>MCDONNELL DOUGLAS  | Model<br>369E  | Series              |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT | Address (As shown on registration certificate)<br>Address 455 7 <sup>TH</sup> ST<br>City OAKLAND<br>Zip 94607-3940 | State CA<br>Country |

3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |                      |                                |               |
|--------------------------|-------------------------------------|------------------------|----------------------|--------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make                 | Model                          | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____                | (As described in Item 1 above) | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             |                      |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              |                      |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type<br>Manufacturer |                                |               |

6. Conformity Statement

|                                     |                    |   |                                       |  |
|-------------------------------------|--------------------|---|---------------------------------------|--|
| A. Agency's Name and Address        |                    | B. Kind of Agency   |                                       |  |
| Name <u>Rotocraft Support, Inc.</u> |                    | <input type="checkbox"/> U.S. Certificated Mechanic             | <input type="checkbox"/> Manufacturer |  |
| Address <u>16425 Hart Street</u>    |                    | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No.                    |  |
| City <u>Van Nuys</u>                | State <u>CA</u>    | <input checked="" type="checkbox"/> Certificated Repair Station | YT2R331L                              |  |
| Zip <u>91406</u>                    | Country <u>USA</u> | <input type="checkbox"/> Certificated Maintenance Organization  |                                       |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |   |
|---|--------------------------|--|--------------------|---|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>06 JUL 2015 | PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--------------------|---|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|  |                             |  |                          |   |
|--|-----------------------------|--|--------------------------|---|
| BY   | FAA Fit Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|  | FAA Designee                | X Repair Station   | Inspection Authorization | Other (Specify)                                     |
| Certificate or Designation No.<br>YT2R331L |                             | Signature/Date of Authorized Individual<br>06 JUL 2015   |                          |   |
|  |                             | PHILLIP G. DIFIORE  |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

U.S.A. N510PD

06 JUL 2015

Nationality and Registration Mark

Date

1. REMOVED THE INCANDESCENT AFT POSITION LIGHT FROM THE HORIZONTAL STABILIZER ASSEMBLY.
2. INSTALLED A WHELEN WHITE LED POSITION LIGHT P/N 01-0771011-02 AT THE SAME LOCATION REFERENCING WHELEN SUPPLEMENTAL TYPE CERTIFICATE NUMBER SA800EA AND WHELEN INSTALLATION AND SERVICE MANUAL - DOCUMENT NUMBER 05131, REVISION D, DATED MAY 2015.
3. A LOGBOOK ENTRY HAS BEEN MADE.
4. NO INTERFERENCE WAS NOTED UPON COMPLETION OF SYSTEM TESTING.
5. CONTINUED AIRWORTHINESS IS ASSURED USING THE ABOVE MENTIONED INSTALLATION AND SERVICE MANUAL.
6. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED.
7. THE EQUIPMENT LIST WAS REVISED.
8. SATISFACTORY OPERATIONAL TESTS WERE PERFORMED.
9. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC UNDER WORK ORDER 15993.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
**(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |   |        |
|-------------|--|--|---|--------|
| 1. Aircraft | Nationality and Registration Mark<br>U.S.A. N510PD                                       |  | Serial No.<br>0400E   |        |
|             | Make<br>MCDONNELL DOUGLAS  |  | Model<br>369E   | Series |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address 455 7TH ST<br>City OAKLAND<br>Zip 94607-3940<br>State CA<br>Country _____ |        |

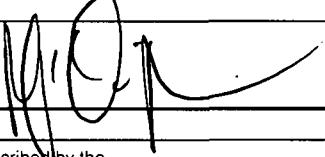
**3. For FAA Use Only**

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             |              |                                      |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              |              |                                      |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         |                                      |               |
|                          |                                     |                        | Manufacturer |                                      |               |

**6. Conformity Statement**

|                                      |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|
| A. Agency's Name and Address         |  | B. Kind of Agency  |  |  |  |
| Name <u>Rotorcraft Support, Inc.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic      C. Certificate No.<br><input checked="" type="checkbox"/> Certificated Repair Station      YT2R331L<br><input type="checkbox"/> Certificated Maintenance Organization |  |  |  |
| Address <u>16425 Hart Street</u>     |  |  |  |  |  |
| City <u>Van Nuys</u> State <u>CA</u> |  |  |  |  |  |
| Zip <u>91406</u> Country <u>USA</u>  |  |  |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |   |
|---|--------------------------|--|--------------------|---|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>06 JUL 2015 | PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--------------------|---|

**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED       REJECTED

|  |                             |  |                          |   |
|--|-----------------------------|--|--------------------------|---|
| BY   | FAA Fit Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|  | FAA Designee                | X Repair Station                                       | Inspection Authorization | Other (Specify)                                     |
| Certificate or Designation No.<br>YT2R331L |                             | Signature/Date of Authorized Individual<br>06 JUL 2015 |                          |   |
|  |                             | PHILLIP G. DIFIORE                                     |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

U.S.A. N510PD

06 JUL 2015

Nationality and Registration Mark

Date

1. THE MONITOR & MOUNT WERE FOUND PREVIOUSLY REMOVED.
2. FABRICATED A MOUNT FOR THE INSTALLATION OF A MONITOR ON THE RIGHT SIDE OF THE INSTRUMENT PANEL.
  - a. THE BASE OF THE MOUNT IS MADE USING: 2024-T3 ALUMINUM SQUARE TUBING, 1.0" x 1.0" x .065" THICK, 2024-T3 ALUMINUM PLATE .125" THICK, AND 7075-T6 ALUMINUM ANGLE EXTRUSION 1.25" x 1.25" x .125" THICK.
  - b. THE RIGHT AND LEFT UPRIGHTS ARE MADE FROM 2024-T3 ALUMINUM ANGLE EXTRUSION 1.0" x 1.0" x .190" THICK.
  - c. A SUPPORT MADE FROM 2024-T3 ALUMINUM EXTRUSION .065" THICK IS ATTACHED TO THE RIGHT UPRIGHT.
  - d. THE MOUNT IS ASSEMBLED WITH AIRCRAFT HARDWARE AND WAS ALODINED, EPOXY PRIMED AND TOP COATED WITH FLAT BLACK PAINT.
3. THE MOUNT IS INSTALL ON EXISTING SUPPORTS FROM THE PREVIOUS MONITOR INSTALLATION, USING TWO .1875" DIAMETER STEEL PIT PINS. THE RIGHT UPRIGHT SUPPORT IS ATTACHED TO AN EXISTING BRACKET ON THE RIGHT DOOR FRAME USING AIRCRAFT HARDWARE.
4. AN AIRBORNE DISPLAYS, MODEL CBO, REV 1; P/N AB-12-W-HD-SDI-N-T, 12.1", HD, NVG, TOUCH SCREEN MONITOR WAS INSTALLED INTO THE FABRICATED MOUNT USING AIRCRAFT HARDWARE.
5. POWER TO THE MONITOR IS PROVIDED FROM THE BATTERY BUSS, THROUGH A LABELLED CIRCUIT BREAKER TO THE UNIT.
6. THE INSTALLATION OF THE MONITOR AND FABRICATION OF THE MOUNT WAS PERFORMED REFERENCING: AB-12-W AIRBORNE DISPLAY MONITOR - USER'S GUIDE , REVISION E, DATED MARCH 2015; MD HELICOPTERS INC., MAINTENANCE MANUAL, CSP-HMI-3, REVISION TR15-001, DATED 04 MAY 2015, CHAPTER 96; AEROCOMPUTERS AND FLIR SYSTEMS INTERFACE DIAGRAMS; AC43.13-1B, CHANGE 1, DATED 27 SEP 2001: CHAPTER 7, PARA 7-1 & 7-2; PARA 7-14 & 7-15; PARA 7-63 & 7-64; PARA 7-85 & 7-86; CHAPTER 10, PARA 10-1; CHAPTER 11, PARA 11-30 TO 11-32; PARA 11-35 & 11-36; PARA 11-47 TO 11-52; PARA 11-66 TO 1-68; PARA 11-76 & 11-77; PARA 11-85 TO 11-87; PARA 11-96 & 11-97; PARA 11-106 & 11-107; PARA 11-115 TO 11-118; PARA 11-146; PARA 11-155 TO 11-158; PARA 11-167; PARA 11-185 TO 11-187 PARA 11-205 & 11-206; PARA 11-230 TO 11-233; AC43.13-2B, DATED MARCH 2008, CHAPTER 1, PARA 100 TO 113 AND AC 20-168.
7. A LOGBOOK ENTRY HAS BEEN MADE.
8. NO INTERFERENCE WAS NOTED UPON COMPLETION OF SYSTEM TESTING.
9. INSTRUCTIONS FOR CONTINUED AIRWORTHINESS: PERFORM ON AN ANNUAL BASIS AN INSPECTION OF THE EQUIPMENT MOUNTINGS, ASSOCIATED WIRING, CABLES, CONNECTORS, HARDWARE, AND RELATED AIRCRAFT STRUCTURE FOR INTEGRITY, SECURITY, WEAR, CHAFING, ETC. SPECIAL ATTENTION SHOULD BE GIVEN TO THE AIRCRAFT PRIMARY STRUCTURE WITH REGARDS TO FATIGUE AND STRESS, CRACKING, CORROSION, ETC.
10. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED.
11. THE EQUIPMENT LIST WAS REVISED.
12. SATISFACTORY OPERATIONAL TESTS WERE PERFORMED.
13. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC UNDER WORK ORDER 15993.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |   |        |
|-------------|--|--|---|--------|
| 1. Aircraft | Nationality and Registration Mark<br>U.S.A. N510PD                                       |  | Serial No.<br>0400E   |        |
|             | Make<br>MCDONNELL DOUGLAS  |  | Model<br>369E   | Series |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address <u>455 7TH ST</u><br>City <u>OAKLAND</u> State <u>CA</u><br>Zip <u>94607-3940</u> Country _____ |        |

**3. For FAA Use Only**

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                                |               |
|                          |                                     |                        | Manufacturer | _____                                |               |

**6. Conformity Statement**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| A. Agency's Name and Address  |  | B. Kind of Agency   |  |  |  |
| Name <u>Rotorcraft Support, Inc.</u><br>Address <u>16425 Hart Street</u><br>City <u>Van Nuys</u> State <u>CA</u><br>Zip <u>91406</u> Country <u>USA</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> Certificate No. _____<br><input checked="" type="checkbox"/> Certificated Repair Station <u>YT2R331L</u><br><input type="checkbox"/> Certificated Maintenance Organization |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |   |
|---|--------------------------|--|--------------------|---|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>06 JUL 2015 | PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--------------------|---|

**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                             |  |                          |   |
|---|-----------------------------|--|--------------------------|---|
| BY  | FAA Fit Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|   | FAA Designee                | X Repair Station                                       | Inspection Authorization | Other (Specify) _____                               |
| Certificate or Designation No.<br><u>YT2R331L</u> |                             | Signature/Date of Authorized Individual<br>06 JUL 2015 |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

U.S.A. N510PD

06 JUL 2015

Nationality and Registration Mark

Date

1. REMOVED THE INCANDESCENT LANDING LIGHT FROM THE NOSE OF THE AIRCRAFT.
2. INSTALLED A WHELEN PAR-46 SUPER-LED REPLACEMENT LIGHthead P/N 01-0790623-20 AT THE SAME LOCATION REFERENCING SEAPLANES NORTH, LLC., SUPPLEMENTAL TYPE CERTIFICATE NUMBER SR02394AK AND FLOATS ALASKA, LLC., INSTALLATION INSTRUCTIONS - DOCUMENT NUMBER LED 03-20R, REVISION A, DATED 15 MAY 2012.
3. A LOGBOOK ENTRY HAS BEEN MADE.
4. NO INTERFERENCE WAS NOTED UPON COMPLETION OF SYSTEM TESTING.
5. CONTINUED AIRWORTHINESS IS ASSURED USING FLOATS ALASKA, LLC., INSTRUCTIONS FOR CONTINUED AIRWORTHINESS FOR LED AIRCRAFT LIGHT SYSTEM, DOCUMENT NUMBER LED 03-21R, REVISION A, DATED 15 MAY 2012.
6. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED.
7. THE EQUIPMENT LIST WAS REVISED.
8. SATISFACTORY OPERATIONAL TESTS WERE PERFORMED.
9. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC UNDER WORK ORDER 15993.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |  |                     |
|-------------|--|--|--|---------------------|
| 1. Aircraft | Nationality and Registration Mark<br>U.S.A. N510PD                                       |  | Serial No.<br>0400E  |                     |
|             | Make<br>MCDONNELL DOUGLAS  |  | Model<br>369E  | Series              |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address 455 7TH ST<br>City OAKLAND<br>Zip 94607-3940 |                     |
|             |  |  |  | State CA<br>Country |

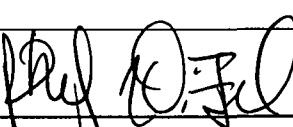
3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                          | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                          | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | YT2R331L                       | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            |                        | Manufacturer |                                |               |

6. Conformity Statement

|                                      |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|
| A. Agency's Name and Address         |  | B. Kind of Agency  |  |  |  |
| Name <u>Rotorcraft Support, Inc.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic      C. Certificate No.<br><input checked="" type="checkbox"/> Certificated Repair Station      YT2R331L<br><input type="checkbox"/> Certificated Maintenance Organization |  |  |  |
| Address <u>16425 Hart Street</u>     |  |  |  |  |  |
| City <u>Van Nuys</u> State <u>CA</u> |  |  |  |  |  |
| Zip <u>91406</u> Country <u>USA</u>  |  |  |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |   |
|---|--------------------------|--|--------------------|---|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>06 JUL 2015 | PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--------------------|---|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED       REJECTED

|  |                             |  |                          |   |
|--|-----------------------------|--|--------------------------|---|
| BY   | FAA Fit Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|  | FAA Designee                | X Repair Station   | Inspection Authorization | Other (Specify)                                     |
| Certificate or Designation No.<br>YT2R331L |                             | Signature/Date of Authorized Individual<br>06 JUL 2015      PHILLIP G. DIFIORE |                          |   |

## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

U.S.A. N510PD

06 JUL 2015

Nationality and Registration Mark

Date

1. VERIFIED CORRECT INSTALLATION OF THE PREVIOUSLY INSTALLED GARMIN GNS-430 GPS / NAV / COM, GI-106A CDI INDICATOR AND ANTENNAS:
  - a. THE GNS-430 CONFORMS TO TSO'S
  - b. GI-106A CDI INDICATOR CONFORMS TO
  - c. CI-122 VHF COMM ANTENNA
  - d. GA-56 GPS ANTENNA
2. THE INSTALLATION WAS PERFORMED REFERENCING: GARMIN INSTALLATION MANUAL NUMBER 190-00140-02, REVISION T, DATED 17 JUN 2010 FOR THE GNS430; GARMIN INSTALLATION MANAUL NUMBER 190-00180-00, REVISION C, DATED 20 APR 2001 FOR THE GI-106A; GARMIN INSTALLATION MANUAL NUMBER 190-00094-00, REVISION F, DATED 07 DEC 2004, FOR THE GA-56; MD HELICOPTER'S INC. MAINTENACE MANUAL, CSP-HMI-3, REVISION TR15-001, DATED 04 MAY 2015, CHAPTER 96; AC43.13-1B, CHANGE 1, DATED 27 SEP 2001; CHAPTER 10, PARA 10-1; CHAPTER 11, PARA 11-30 TO 11-32; PARA 11-35 & 11-36; PARA 11-47 TO 11-52; PARA 11-66 TO 11-69; PARA 11-76 TO 11-77; PARA 11-85 TO 11-87; PARA 11-89; PARA 11-96 TO 11-100; PARA 11-106 & 11-107; PARA 11-115 TO 11-118; PARA 11-120; PARA 11-123 TO 11-125; PARA 11-135 TO 11-139; PARA 11-146; PARA 11-155 TO 11-158; PARA 11-167; PARA 11-174 TO 11-175; PARA 11-185 TO 11-187; PARA 11-230 TO 11-233; CHAPTER 12, PARA 12-37; AC 43.13-2B, DATED MARCH 2008, CHAPTER 1, PARA 100 TO 113; CHAPTER 2, PARA 200 TO 203; PARA 207; PARA 209; CHAPTER 3, PARA 300 TO 309; CHAPTER 11, PARA 1100 TO 1104 AND AC 20-138D.
3. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED.
4. THE EQUIPMENT LIST WAS REVISED.
5. PERFORMED A COMPASS SWING AND UPDATED COMPASS CORRECTION CARD.
6. A LOGBOOK ENTRY HAS BEEN MADE.
7. PERFORMED EMI, INTERFERENCE AND OPERATIONAL TESTS WITH NO ADVERSE AFFECTS ON PREVIOUSLY INSTALLED COMPONENTS AND EQUIPMENT.
8. PERFORM ON AN ANNUAL BASIS AN INSPECTION OF THE EQUIPMENT MOUNTINGS, ASSOCIATED WIRING, CABLES, CONNECTORS, HARDWARE, AND RELATED AIRCRAFT STRUCTURE FOR INTEGRITY, SECURITY, WEAR, CHAFING, ETC. SPECIAL ATTENTION SHOULD BE GIVEN TO THE AIRCRAFT PRIMARY STRUCTURE WITH REGARDS TO FATIGUE AND STRESS, CRACKING, CORROSION, ETC.
9. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC UNDER WORK ORDER 15993.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
**(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|                           |  |  |  |        |
|---------------------------|--|--|--|--------|
| 1. Aircraft               | Nationality and Registration Mark<br>U.S.A. N510PD                                       |  | Serial No.<br>0400E  |        |
|                           | Make<br>MCDONNELL DOUGLAS  |  | Model<br>369E  | Series |
| 2. Owner                  | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address 455 7 <sup>TH</sup> ST<br>City OAKLAND<br>Zip 94607-3940 |        |
| State CA<br>Country _____ |  |  |  |        |

3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                                |               |
|                          |                                     |                        | Manufacturer | _____                                |               |

6. Conformity Statement

|                                      |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|
| A. Agency's Name and Address         |  | B. Kind of Agency  |  |  |  |
| Name <u>Rotorcraft Support, Inc.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic      C. Certificate No.<br><input checked="" type="checkbox"/> Certificated Repair Station      YT2R331L<br><input type="checkbox"/> Certificated Maintenance Organization |  |  |  |
| Address <u>16425 Hart Street</u>     |  |  |  |  |  |
| City <u>Van Nuys</u> State <u>CA</u> |  |  |  |  |  |
| Zip <u>91406</u> Country <u>USA</u>  |  |  |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |   |
|---|--------------------------|--|--------------------|---|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>06 JUL 2015 | PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--------------------|---|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED       REJECTED

|   |                             |  |                          |   |
|---|-----------------------------|--|--------------------------|---|
| BY  | FAA Fit Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|   | FAA Designee                | X Repair Station                                       | Inspection Authorization | Other (Specify)                                     |
| Certificate or Designation No.<br><u>YT2R331L</u> |                             | Signature/Date of Authorized Individual<br>06 JUL 2015 |                          |   |
|   |                             | PHILLIP G. DIFIORE                                     |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

U.S.A. N510PD

06 JUL 2015

Nationality and Registration Mark

Date

1. VERIFIED CORRECT INSTALLATION OF THE FOLLOWING, PREVIOUSLY INSTALLED EQUIPMENT:
  - a. TWO TECHNISONIC ACCESS/A A711 SERIES AUDIO PANELS, ONE INSTALLED IN THE RIGHT LOWER PORTION OF THE INSTRUMENT PANEL AND ONE INSTALLED IN THE LOWER SECTION OF THE TILT PANEL.
  - b. LONESTAR CYCLONE THREE PORT AVIONICS BLOWER, ON THE SHELF FORWARD OF THE INSTRUMENT PANEL
  - c. TRANS-CAL, MODEL SSD120-30N, ALTITUDE ENCODER / DIGITIZER ON THE FORWARD PORTION OF THE INSTRUMENT PANEL PEDESTAL.
  - d. TECHNISONIC A790 LOAD HAILER CONTROLLER IN THE LOWER SECTION OF THE TILT PANEL
  - e. POWER SONIX PSAMP600 AMPLIFIER AND PSAIR12A SPEAKER UNDER THE CO-PILOT SEAT.
  - f. ASTRON N2412-24 VOLTAGE CONVERTER, MOUNTED UNDER THE CO-PILOTS FLOOR.
2. THE INSTALLATION WAS VERIFIED REFERENCING: TECHNISONIC INSTALLATION AND OPERATION MANUAL NUMBER 96RE189, REVISION 2.2, DATED JUL 2009, FOR THE AUDIO PANELS; TECHNISONIC INSTALLATION INSTRUCTIONS NUMBER 09RE410, REVISION N/C, DATED OCT 2009 FOR THE PA CONTROLLER; LONESTAR DRAWING NUMBER CRB6457-05, DATED 16 DEC 2002 FOR THE BLOWER; TRANS-CAL DOCUMENT NUMBER 882188, REVISION C, DATED 08 DEC 2008 FOR THE ENCODER; POWER SONIX INSTALLATION AND USER'S GUIDE, DATED 2006 FOR THE AMPLIFIER AND SPEAKER; ASTRON DATA SHEET FOR THE CONVERTER; MD HELICOPTER'S INC. MAINTENACE MANUAL, CSP-HMI-3, REVISION TR15-001, DATED 04 MAY 2015, CHAPTER 96; AC43.13-1B, CHANGE 1, DATED 27 SEP 2001; CHAPTER 10, PARA 10-1; CHAPTER 11, PARA 11-30 TO 11-32; PARA 11-35 & 11-36; PARA 11-47 TO 11-52; PARA 11-66 TO 11-69; PARA 11-76 TO 11-77; PARA 11-85 TO 11-87; PARA 11-89; PARA 11-96 TO 11-100; PARA 11-106 & 11-107; PARA 11-115 TO 11-118; PARA 11-120; PARA 11-123 TO 11-125; PARA 11-135 TO 11-139; PARA 11-146; PARA 11-155 TO 11-158; PARA 11-167; PARA 11-174 TO 11-175; PARA 11-185 TO 11-187; PARA 11-230 TO 11-233; CHAPTER 12, PARA 12-37; AC 43.13-2B, DATED MARCH 2008, CHAPTER 1, PARA 100 TO 113; CHAPTER 2, PARA 200 TO 203; PARA 207; PARA 209; AND AC 20-168.
3. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED.
4. THE EQUIPMENT LIST WAS REVISED.
5. PERFORMED A COMPASS SWING AND UPDATED COMPASS CORRECTION CARD.
6. A LOGBOOK ENTRY HAS BEEN MADE.
7. EMI, INTERFERENCE AND OPERATIONAL TESTS WERE COMPLETED WITH NO ADVERSE AFFECTS ON PREVIOUSLY INSTALLED COMPONENTS AND EQUIPMENT.
8. PERFORM ON AN ANNUAL BASIS AN INSPECTION OF THE EQUIPMENT MOUNTINGS, ASSOCIATED WIRING, CABLES, CONNECTORS, HARDWARE, AND RELATED AIRCRAFT STRUCTURE FOR INTEGRITY, SECURITY, WEAR, CHAFING, ETC. SPECIAL ATTENTION SHOULD BE GIVEN TO THE AIRCRAFT PRIMARY STRUCTURE WITH REGARDS TO FATIGUE AND STRESS, CRACKING, CORROSION, ETC.
9. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC UNDER WORK ORDER 15993.

NOTHING FOLLOWS

Additional Sheets Are Attached



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|                           |  |  |  |
|---------------------------|--|--|--|
| 1. Aircraft               | Nationality and Registration Mark<br>U.S.A. N510PD                                       |  | Serial No.<br>0400E  |
|                           | Make<br>MCDONNELL DOUGLAS  |  | Model<br>369E  |
| 2. Owner                  | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address 455 7TH ST<br>City OAKLAND<br>Zip 94607-3940 |
| State CA<br>Country _____ |  |  |  |

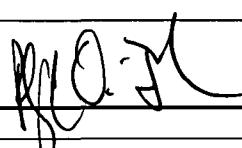
**3. For FAA Use Only**

|                          |                                     |                        |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                                |               |
|                          |                                     |                        | Manufacturer | _____                                |               |

**6. Conformity Statement**

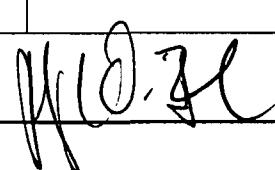
|   |  |                                     |                                       |                          |                          |
|---|--|-------------------------------------|---------------------------------------|--------------------------|--------------------------|
| A. Agency's Name and Address  |  | B. Kind of Agency                   |                                       |                          |                          |
| Name <u>Rotorcraft Support, Inc.</u><br>Address <u>16425 Hart Street</u><br>City <u>Van Nuys</u> State <u>CA</u><br>Zip <u>91406</u> Country <u>USA</u> |  | <input type="checkbox"/>            | U.S. Certificated Mechanic            | <input type="checkbox"/> | Manufacturer             |
|   |  | <input type="checkbox"/>            | Foreign Certificated Mechanic         | <input type="checkbox"/> | C. Certificate No. _____ |
|   |  | <input checked="" type="checkbox"/> | Certificated Repair Station           | YT2R331L                 |                          |
|   |  | <input type="checkbox"/>            | Certificated Maintenance Organization |                          |                          |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |   |
|---|--------------------------|--|--------------------|---|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>06 JUL 2015 | PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--------------------|---|

**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                             |  |                          |   |
|---|-----------------------------|--|--------------------------|---|
| BY  | FAA Fit Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport   |
|   | FAA Designee                | X Repair Station                                       | Inspection Authorization | Other (Specify)  |
| Certificate or<br>Designation No.<br>YT2R331L |                             | Signature/Date of Authorized Individual<br>06 JUL 2015 |                          |   |
|   |                             | PHILLIP G. DIFIORE                                     |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

U.S.A. N510PD

06 JUL 2015

Nationality and Registration Mark

Date

1. INSTALLED A HELI-TECH INC., ENGINE GEARBOX BREATHER KIT, P/N HT800, REFERENCING SUPPLEMENTAL TYPE CERTIFICATE NUMBER SR03265AT AND HELI-TECH INSTALLATION INSTRUCTIONS, DOCUMENT NUMBER 012104-INST, ORIGINAL ISSUE, DATED 10 APR 2006.
2. THE RIGHT HAND EXHAUST TAILPIPE WAS REPLACED WITH A SERVICEABLE UNIT, WHICH WAS PREVIOUSLY MODIFIED BY THIS STC.
3. A LOGBOOK ENTRY HAS BEEN MADE.
4. SATISFACTORY ENGINE RUN AND OPERATIONAL CHECK WAS PERFORMED.
5. REFER TO HELI-TECH DOCUMENT NUMBER 012104 FOR INSTRUCTIONS FOR CONTINUED AIRWORTHINESS.
6. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED.
7. THE EQUIPMENT LIST WAS REVISED.
8. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC UNDER WORK ORDER 15993.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

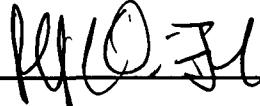
**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

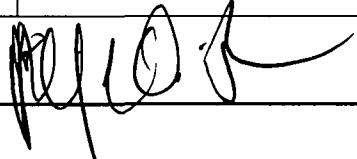
|             |  |  |   |        |
|-------------|--|--|---|--------|
| 1. Aircraft | Nationality and Registration Mark<br>U.S.A. N510PD                                       |  | Serial No.<br>0400E   |        |
|             | Make<br>MCDONNELL DOUGLAS  |  | Model<br>369E   | Series |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address 455 7 <sup>TH</sup> ST<br>City OAKLAND State CA<br>Zip 94607-3940 Country |        |

**3. For FAA Use Only**

|                          |                                     |                        |              |                                |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|---------------|
| 4. Type                  |                                     | 5. Unit Identification |              |                                |               |
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                          | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                          | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                          | _____         |
|                          |                                     |                        | Manufacturer |                                |               |

|                                      |                    |   |                                       |
|--------------------------------------|--------------------|---|---------------------------------------|
| 6. Conformity Statement              |                    |   |                                       |
| A. Agency's Name and Address         |                    | B. Kind of Agency   |                                       |
| Name <u>Rotorcraft Support, Inc.</u> |                    | <input type="checkbox"/> U.S. Certificated Mechanic             | <input type="checkbox"/> Manufacturer |
| Address <u>16425 Hart Street</u>     |                    | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No.                    |
| City <u>Van Nuys</u>                 | State <u>CA</u>    | <input checked="" type="checkbox"/> Certificated Repair Station | YT2R331L                              |
| Zip <u>91406</u>                     | Country <u>USA</u> | <input type="checkbox"/> Certificated Maintenance Organization  |                                       |

|  |                          |  |  |
|--|--------------------------|--|--|
| D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge. |                          |  |  |
| Extended range fuel per 14 CFR Part 43<br>App. B   | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>06 JUL 2015 | PHILLIP G. DIFIORE  |

|   |                             |   |                          |   |  |
|---|-----------------------------|---|--------------------------|---|--|
| 7. Approval for Return to Service   |                             |   |                          |   |  |
| Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED |                             |   |                          |   |  |
| BY  | FAA Fit Standards Inspector | Manufacturer  | Maintenance Organization | Person Approved by Canadian Department of Transport |  |
|   | FAA Designee                | X Repair Station  | Inspection Authorization | Other (Specify)                                     |  |
| Certificate or Designation No.<br>YT2R331L  |                             | Signature/Date of Authorized Individual<br>06 JUL 2015 PHILLIP G. DIFIORE  |                          |   |  |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

U.S.A. N510PD

06 JUL 2015

Nationality and Registration Mark

Date

1. REMOVED THE WHITE XENON STROBE LIGHT FROM THE TAIL AND THE RIGHT HAND & LEFT HAND INCANDESCENT POSITION LIGHTS FROM THE SIDES OF THE FUSELAGE.
2. INSTALLED A WHELEN WHITE LED STROBE LIGHT P/N 01-0771410-01 AT THE EXISTING LOCATION ON THE TAIL REFERENCING WHELEN INSTALLATION GUIDE - FORM NO. 14353B, DATED 05-29-2014. THE STROBE CONFORMS TO TSO-C96a CLASS III.
3. WHELEN LED POSITION LIGHTS P/N'S 01-0771105-03 (R/H), AND 01-0771105-04 (L/H) WERE INSTALLED AT THEIR EXISTING LOCATIONS REFERENCING INSTALLATION GUIDE - FORM NO.14650B, DATED 07-24-2014. THE LIGHTS CONFORM TO TSO-C30c TYPE I & II (R/H & L/H).
4. ADDITIONAL DATA REFERENCED FOR THIS INSTALLATION: MD HELICOPTERS INC. MAINTENANCE MANUAL, CSP-HMI-3, REVISION TR15-001, DATED 04 MAY 2015, CHAPTER 96; FAR 91.205 (c)(3); AC43.13-1B, CHANGE 1, DATED SEPT 27, 2001; CHAPTER 10, PARA 10-1; CHAPTER 11, PARA 11-30 TO 11-32; PARA 11-35 & 11-36; 11-47 TO 11-52; PARA 11-66 TO 11-68; PARA 11-76 TO 11-77; PARA 11-85 TO 11-87; PARA 11-96 TO 11-97; PARA 11-106 & 11-107; PARA 11-115 TO 11-118; PARA 11-125; PARA 11-146; PARA 11-155 TO 11-158; PARA 11-167; PARA 11-185 TO 11-187; PARA 11-205 TO 11-206; PARA 11-230 TO 11-233; CHAPTER 12, PARA 12-8; AC 43.13-2B, DATED MARCH 2008, CHAPTER 4, PARA 400 TO 406.
5. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED.
6. THE EQUIPMENT LIST WAS REVISED.
7. SATISFACTORY OPERATIONAL TESTS WERE PERFORMED.
8. A LOGBOOK ENTRY HAS BEEN MADE.
9. NO INTERFERENCE WAS NOTED UPON COMPLETION OF SYSTEM TESTING.
10. CONTINUED AIRWORTHINESS IS ASSURED USING THE CURRENT MD HELICOPTERS, INC. INSPECTION PROGRAM AND BY REFERENCING THE ABOVE MENTIONED INSTALLATION GUIDES.
11. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC UNDER WORK ORDER 15993.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |   |             |
|-------------|--|--|---|-------------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD                |  | Serial No.<br>0400E   |             |
|             | Make<br>MCDONNELL DOUGLAS HELICOPTER                           |  | Model<br>369  | Series<br>E |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND |  | Address (As shown on registration certificate)<br>Address <u>455 7<sup>TH</sup> STREET</u><br>City <u>OAKLAND</u> State <u>CA</u><br>Zip <u>94607-3940</u> Country <u>USA</u> |             |

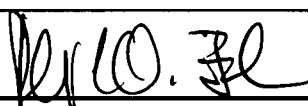
3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) | _____         |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             |              |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              |              |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         |                                |               |
|                          |                                     |                        | Manufacturer |                                |               |

6. Conformity Statement

|                                      |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|
| A. Agency's Name and Address         |  | B. Kind of Agency  |  |  |  |
| Name <u>ROTORCRAFT SUPPORT, INC.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> C. Certificate No.<br><input checked="" type="checkbox"/> Certificated Repair Station <input type="checkbox"/> YT2R331L<br><input type="checkbox"/> Certificated Maintenance Organization |  |  |  |
| Address <u>16425 HART STREET</u>     |  |  |  |  |  |
| City <u>VAN NUYS</u> State <u>CA</u> |  |  |  |  |  |
| Zip <u>91406</u> Country <u>USA</u>  |  |  |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |  |
|---|--------------------------|--|--|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>07-06-2015 PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|  |                             |  |                          |   |
|--|-----------------------------|--|--------------------------|---|
| BY   | FAA Fit Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|  | FAA Designee                | X Repair Station   | Inspection Authorization | Other (Specify)                                     |
| Certificate or Designation No.<br>YT2R331L |                             | Signature/Date of Authorized Individual<br>07-06-2015 PHILLIP G. DIFIORE |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

07-06-2015

Nationality and Registration Mark

Date

1. FOUND MAIN ROTOR BLADES P/N 500P2100-101 REVISION E INSTALLED IN ACCORDANCE WITH HELICOPTER TECHNOLOGY COMPANY SUPPLEMENTAL TYPE CERTIFICATE SR09074RC BY BIG VALLEY AVIATION INC. ON FAA FORM 337 DATED DEC-06-2001 PREVIOUSLY REMOVED.
2. MD MAIN ROTOR BLADES CURRENTLY INSTALLED.
3. WEIGHT AND BALANCE NOT AFFECTED.
4. EQUIPMENT LIST PREVIOUSLY REVISED.
5. CONTINUED AIRWORTHINESS IS ASSURED THROUGH SCHEDULED INSPECTIONS PER MD HELICOPTERS CSP-HMI-2 REVISION NO. 46 DATED 19 SEPTEMBER 2014 OR LATER REVISION..

-----NOTHING FOLLOWS-----

Additional Sheets Are Attached



U.S. Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |   |             |
|-------------|--|--|---|-------------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N51OPD                |  | Serial No.<br>0400E   |             |
|             | Make<br>MCDONNELL DOUGLAS HELICOPTER                           |  | Model<br>369  | Series<br>E |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND |  | Address (As shown on registration certificate)<br>Address <u>455 7<sup>TH</sup> STREET</u><br>City <u>OAKLAND</u> State <u>CA</u><br>Zip <u>94607-3940</u> Country <u>USA</u> |             |

3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         |                                |               |
|                          |                                     |                        | Manufacturer |                                |               |

6. Conformity Statement

|                                      |  |   |  |                                       |  |
|--------------------------------------|--|---|--|---------------------------------------|--|
| A. Agency's Name and Address         |  | B. Kind of Agency   |  |                                       |  |
| Name <u>ROTORCRAFT SUPPORT, INC.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic             |  | <input type="checkbox"/> Manufacturer |  |
| Address <u>16425 HART STREET</u>     |  | <input type="checkbox"/> Foreign Certificated Mechanic          |  | C. Certificate No. <u>YT2R331L</u>    |  |
| City <u>VAN NUYS</u> State <u>CA</u> |  | <input checked="" type="checkbox"/> Certificated Repair Station |  |                                       |  |
| Zip <u>91406</u> Country <u>USA</u>  |  | <input type="checkbox"/> Certificated Maintenance Organization  |  |                                       |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |
|---|--------------------------|--|--------------------|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>07-06-2015 PHILLIP G. DIFIORE | <i>Phy 10. Jul</i> |
|---|--------------------------|--|--------------------|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                             |  |                          |   |
|---|-----------------------------|--|--------------------------|---|
| BY  | FAA Flt Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|   | FAA Designee                | X Repair Station   | Inspection Authorization | Other (Specify)                                     |
| Certificate or Designation No.<br><u>YT2R331L</u> |                             | Signature/Date of Authorized Individual<br>07-06-2015 PHILLIP G. DIFIORE |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

07-06-2015

Nationality and Registration Mark

Date

1. REMOVED HELICOPTER TECHNOLOGY COMPANY TAIL ROTOR BLADES P/N 369D21641-503 S/N 6084-A943, A944, A945, AND A946 AND INSTALLED NEW HELICOPTER TECHNOLOGY COMPANY TAIL ROTOR BLADES P/N 500P3100-305 S/N C630, C631, C632 AND C633 IN ACCORDANCE WITH STC SRO1282LA.
2. WEIGHT AND BALANCE NOT AFFECTED.
3. EQUIPMENT LIST REVISED.
4. NO FLIGHT MANUAL SUPPLEMENT REQUIRED FOR THIS INSTALLATION.
5. CONTINUED AIRWORTHINESS IS ASSURED THROUGH SCHEDULED INSPECTIONS PER HELICOPTER TECHNOLOGY COMPANY MAINTENANCE MANUAL HTCM-002 REVISION LETTER C DATED 22 NOVEMBER 2004 OR LATER REVISION.

-----NOTHING FOLLOWS-----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |              |  |                         |
|-------------|--|--------------|--|-------------------------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD                |              | Serial No.<br>0400E  |                         |
|             | Make<br>MCDONNELL DOUGLAS HELICOPTER                           | Model<br>369 | Series<br>E  |                         |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND |              | Address (As shown on registration certificate)<br>Address 455 7 <sup>TH</sup> STREET<br>City OAKLAND<br>Zip 94607-3940 | State CA<br>Country USA |

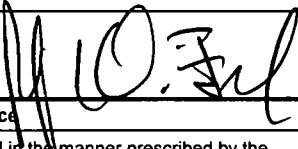
**3. For FAA Use Only**

|                          |                                     |                        |               |                                      |               |
|--------------------------|-------------------------------------|------------------------|---------------|--------------------------------------|---------------|
| 4. Type                  |                                     | 5. Unit Identification |               |                                      |               |
| Repair                   | Alteration                          | Unit                   | Make          | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____         | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____         | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____         | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type<br>_____ | _____                                |               |
| Manufacturer<br>_____    |                                     |                        |               |                                      |               |

**6. Conformity Statement**

|                               |             |                                     |                                       |                          |              |
|-------------------------------|-------------|-------------------------------------|---------------------------------------|--------------------------|--------------|
| A. Agency's Name and Address  |             | B. Kind of Agency                   |                                       |                          |              |
| Name ROTORCRAFT SUPPORT, INC. |             | <input type="checkbox"/>            | U.S. Certificated Mechanic            | <input type="checkbox"/> | Manufacturer |
| Address 16425 HART STREET     |             | <input type="checkbox"/>            | Foreign Certificated Mechanic         | C. Certificate No.       |              |
| City VAN NUYS                 | State CA    | <input checked="" type="checkbox"/> | Certificated Repair Station           | YT2R331L                 |              |
| Zip 91406                     | Country USA | <input type="checkbox"/>            | Certificated Maintenance Organization |                          |              |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |  |
|---|--------------------------|--|--|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>07-06-2015 PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--|

**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                             |  |                          |   |
|---|-----------------------------|--|--------------------------|---|
| BY  | FAA Fit Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|   | FAA Designee                | X Repair Station   | Inspection Authorization | Other (Specify)                                     |
| Certificate or<br>Designation No.<br>YT2R331L |                             | Signature/Date of Authorized Individual<br>07-06-2015 PHILLIP G. DIFIORE |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

07-06-2015

Nationality and Registration Mark

Date

1. THIS FAA FORM 337 CORRECTS FAA FORM 337 COMPLETED BY FLIGHT TRAILS HELICOPTERS, INC. DATED FEB-19-1993 FOR INSTALLATION OF WECO GENERATOR KIT IN ACCORDANCE WITH SUPPLEMENTAL TYPE CERTIFICATE NUMBER SH3195NW BY CORRECTING THE SUPPLEMENTAL TYPE CERTIFICATE TO SH3195NM.
2. WEIGHT AND BALANCE NOT AFFECTED.
3. FOUND EQUIPMENT LIST PREVIOUSLY REVISED.
4. FLIGHT MANUAL SUPPLEMENT NO.1 REVISION 1 DATED APRIL 7, 1992 INSERTED INTO FLIGHT MANUAL.
5. CONTINUED AIRWORTHINESS IS ASSURED THROUGH SCHEDULED INSPECTIONS PER MD HELICOPTERS CSP-HMI-2 REVISION NO.46 DATED 19 SEPTEMBER 2014 OR LATER REVISION.

-----NOTHING FOLLOWS-----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|                           |  |  |  |        |
|---------------------------|--|--|--|--------|
| 1. Aircraft               | Nationality and Registration Mark<br>U.S.A. N510PD                                       |  | Serial No.<br>0400E  |        |
|                           | Make<br>MCDONNELL DOUGLAS  |  | Model<br>369E  | Series |
| 2. Owner                  | Name (As shown on registration certificate)<br>CITY OF OAKLAND<br>POLICE HELICOPTER UNIT |  | Address (As shown on registration certificate)<br>Address 455 7TH ST<br>City OAKLAND<br>Zip 94607-3940 |        |
| State CA<br>Country _____ |  |  |  |        |

3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                      |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                                | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | _____        | (As described in Item 1 above) _____ |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              | _____        | _____                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         | _____                                |               |
|                          |                                     |                        | Manufacturer | _____                                |               |

6. Conformity Statement

|                                      |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|
| A. Agency's Name and Address         |  | B. Kind of Agency  |  |  |  |
| Name <u>Rotorcraft Support, Inc.</u> |  | <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Foreign Certificated Mechanic      C. Certificate No.<br><input checked="" type="checkbox"/> Certificated Repair Station      YT2R331L<br><input type="checkbox"/> Certificated Maintenance Organization |  |  |  |
| Address <u>16425 Hart Street</u>     |  |  |  |  |  |
| City <u>Van Nuys</u> State <u>CA</u> |  |  |  |  |  |
| Zip <u>91406</u> Country <u>USA</u>  |  |  |  |  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |                    |   |
|---|--------------------------|--|--------------------|---|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>06 JUL 2015 | PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--------------------|---|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED       REJECTED

|   |                             |  |                          |   |
|---|-----------------------------|--|--------------------------|---|
| BY  | FAA FIT Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|   | FAA Designee                | <input checked="" type="checkbox"/> Repair Station     | Inspection Authorization | Other (Specify) <u>l</u>                            |
| Certificate or Designation No.<br><u>YT2R331L</u> |                             | Signature/Date of Authorized Individual<br>06 JUL 2015 |                          |   |
|   |                             | PHILLIP G. DIFIORE                                     |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

U.S.A. N510PD

06 JUL 2015

Nationality and Registration Mark

Date

1. VERIFIED CORRECT INSTALLATION OF THE FOLLOWING PREVIOUSLY INSTALLED EQUIPMENT:
  - a. SX-16 JUNCTION BOX - ATTACHED ON THE BULKHEAD BELOW AND AFT OF THE CO-PILOT SEAT
  - b. SX-16 SEARCHLIGHT - ON THE LEFT HAND SIDE OF THE AIRCRAFT. THE SX-16 IS ATTACHED TO A FLIGHT TRAILS HELICOPTER HARD MOUNT P/N FTH 105-7, WHICH IS APPROVED UNDER SUPPLEMENTAL TYPE CERTIFICATE NUMBER SH6080NM. THIS STC WAS USED TO INSTALL THE FLIR SENSOR ON THE RIGHT HAND SIDE OF THE AIRCRAFT; REFERENCE FAA FORM 337 DATED 08 APR 2008 FOR DETAILS.
  - c. SX-16 CONTROLLER - IN THE COCKPIT
2. THE INSTALLATION WAS VERIFIED REFERENCING: SPECTROLAB SX-16 OPEARATION MANUAL, DOCUMENT NUMBER 031734, REVISION E, DATED 09 JUN 2010; MD HELICOPTER'S INC. MAINTENACE MANUAL, CSP-HMI-3, REVISION TR15-001, DATED 04 MAY 2015, CHAPTER 96; AC43.13-1B, CHANGE 1, DATED 27 SEP 2001; CHAPTER 10, PARA 10-1; CHAPTER 11, PARA 11-30 TO 11-32; PARA 11-35 & 11-36; PARA 11-47 TO 11-52; PARA 11-66 TO 11-69; PARA 11-76 TO 11-77; PARA 11-85 TO 11-87; PARA 11-96 TO 11-100; PARA 11-106 & 11-107; PARA 11-115 TO 11-118; PARA 11-123 TO 11-125; PARA 11-135 TO 11-139; PARA 11-146; PARA 11-155 TO 11-158; PARA 11-167; PARA 11-174 TO 11-175; PARA 11-185 TO 11-187; PARA 11-230 TO 11-233; AC 43.13-2B, DATED MARCH 2008, CHAPTER 1, PARA 100 TO 113; AND AC 20-168.
3. AN ACTUAL WEIGHT AND BALANCE WAS PERFORMED.
4. THE EQUIPMENT LIST WAS REVISED.
5. PERFORMED A COMPASS SWING AND UPDATED COMPASS CORRECTION CARD.
6. A LOGBOOK ENTRY HAS BEEN MADE.
7. PERFORMED EMI, INTERFERENCE AND OPERATIONAL TESTS WITH NO ADVERSE AFFECTS ON PREVIOUSLY INSTALLED COMPONENTS AND EQUIPMENT.
8. REFER TO SPECTROLAB SX-16 INSPECTION AND MAINTENANCE SCHEDULE FOR CONTINUED AIRWORTHINESS.
9. DETAILS ON FILE AT ROTORCRAFT SUPPORT, INC UNDER WORK ORDER 15993.

----- NOTHING FOLLOWS -----

Additional Sheets Are Attached



U.S Department of  
Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |   |             |
|-------------|--|--|---|-------------|
| 1. Aircraft | Nationality and Registration Mark<br>USA N510PD                |  | Serial No.<br>0400E   |             |
|             | Make<br>MCDONNELL DOUGLAS HELICOPTER                           |  | Model<br>369  | Series<br>E |
| 2. Owner    | Name (As shown on registration certificate)<br>CITY OF OAKLAND |  | Address (As shown on registration certificate)<br>Address 455 7 <sup>TH</sup> STREET<br>City OAKLAND State CA<br>Zip 94607-3940 Country USA |             |

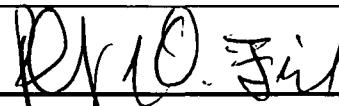
3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial Number |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | —            | (As described in Item 1 above) | —             |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             |              |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              |              |                                |               |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type         |                                |               |
|                          |                                     |                        | Manufacturer |                                |               |

6. Conformity Statement

|                               |             |   |                                       |  |
|-------------------------------|-------------|---|---------------------------------------|--|
| A. Agency's Name and Address  |             | B. Kind of Agency   |                                       |  |
| Name ROTORCRAFT SUPPORT, INC. |             | <input type="checkbox"/> U.S. Certificated Mechanic             | <input type="checkbox"/> Manufacturer |  |
| Address 16425 HART STREET     |             | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No.                    |  |
| City VAN NUYS                 | State CA    | <input checked="" type="checkbox"/> Certificated Repair Station | YT2R331L                              |  |
| Zip 91406                     | Country USA | <input type="checkbox"/> Certificated Maintenance Organization  |                                       |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |  |  |
|---|--------------------------|--|--|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br>06 JULY 2015 PHILLIP G. DIFIORE |  |
|---|--------------------------|--|--|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|   |                             |  |                          |   |
|---|-----------------------------|--|--------------------------|---|
| BY  | FAA Fit Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|   | FAA Designee                | X Repair Station   | Inspection Authorization | Other (Specify)                                     |
| Certificate or<br>Designation No.<br>YT2R331L |                             | Signature/Date of Authorized Individual<br>06 JULY 2015 PHILLIP G. DIFIORE |                          |   |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

USA N510PD

06 JULY 2015

Nationality and Registration Mark

Date

1. VERIFIED PREVIOUS INSTALLATION OF AERONAUTICAL ACCESSORIES, INC LOCKING FUEL CAP ASSEMBLY IN ACCORDANCE WITH SUPPLEMENTAL TYPE CERTIFICATE SR00087AT.
2. WEIGHT AND BALANCE NOT AFFECTED.
3. EQUIPMENT LIST PREVIOUSLY REVISED.

-----NOTHING FOLLOWS-----

Additional Sheets Are Attached



US Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
2/28/2011

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

|             |  |  |
|-------------|--|--|
| 1. Aircraft | Nationality and Registration Mark<br><b>N510PD</b> | Serial No.<br><b>0400E</b>   |
|             | Make<br><b>MCDONNELL DOUGLAS HELICOPTER</b>        | Model<br><b>369E</b>   |
| 2. Owner    | Name (As shown on registration certificate)        | Address (As shown on registration certificate)   |
|             |  | Address <b>455 7TH STREET</b><br>City <b>Oakland</b> State <b>CA</b><br>Zip <b>94607</b> Country <b>US</b> |

**3. For FAA Use Only**

The data identified herein complies with the applicable Airworthiness Requirements and is approved only for the above described aircraft, subject to conformity inspection by a person authorized in FAR 43.7.

07/05/2012

Muhi A. Schaeff

FAA Inspector

|                          |                                     |                               |              |                                |            |
|--------------------------|-------------------------------------|-------------------------------|--------------|--------------------------------|------------|
| <b>4. Type</b>           |                                     | <b>5. Unit Identification</b> |              |                                |            |
| Repair                   | Alteration                          | Unit                          | Make         | Model                          | Serial No. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME                      | _____        | (As described in Item 1 above) | _____      |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT                    | _____        | _____                          | _____      |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER                     | _____        | _____                          | _____      |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE                     | Type         | _____                          | _____      |
| <input type="checkbox"/> | <input type="checkbox"/>            |                               | Manufacturer |                                |            |

**6. Conformity Statement**

|                                     |   |   |                    |  |
|-------------------------------------|---|---|--------------------|--|
| <b>A. Agency's Name and Address</b> |   | <b>B. Kind of Agency</b>  |                    |  |
| Name <b>Aerial Avionics</b>         | Address <b>2550 John Montgomery Dr.</b> | U. S. Certificated Mechanic                                     | Manufacturer       |  |
| City <b>San Jose</b>                | State <b>CA</b>                         | Foreign Certificated Mechanic                                   | C. Certificate No. |  |
| Zip <b>95148</b>                    | Country <b>U.S.</b>                     | <input checked="" type="checkbox"/> Certificated Repair Station |                    |  |
|                                     |   | <input type="checkbox"/> Certificated Maintenance Organization  | <b>7IAR379B</b>    |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|   |                          |   |
|---|--------------------------|---|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B | <input type="checkbox"/> | Signature/Date of Authorized Individual<br><i>Joe H. Peltier</i> 07-18-2012 |
|---|--------------------------|---|

**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

|    |  |  |                          |   |
|----|--|--|--------------------------|---|
| BY | FAA Fit. Standards<br>Inspector                  | Manufacturer                                       | Maintenance Organization | Persons Approved by Canadian<br>Department of Transport |
|    | <input checked="" type="checkbox"/> FAA Designee | <input checked="" type="checkbox"/> Repair Station | Inspection Authorization | Other (Specify)   |

|  |   |
|--|---|
| Certificate or<br>Designation No.<br><b>7IAR379B</b> | Signature/Date of Authorized Individual<br><i>Joe H. Peltier</i> 07-18-2012 |
|--|---|

**NOTICE**

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

**8. Description of Work Accomplished**

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

N510PD

7/02/2012

Nationality and Registration Mark

Date

Page 1

1. No equipment was removed from the aircraft.
2. Follow on field approval for the installation of a Technisonics TDFM7300 FM Transceiver P/N TDFM73L148 STC SR02379NY. This aircraft is not listed on the STC.

Installed Technisonics TDFM73L148 FM Transceiver in the aircraft center pedestal. Circuit protection is provided by a 7.5 amp circuit breaker labeled "FM Radio" mounted to the existing avionics circuit breaker panel. The TDFM7300 is connected to a CI292-3 VHF Antenna installed at fuselage station 45", a FLX3050B VHFLO Antenna installed at fuselage station 45", a CI285 UHF Antenna installed at fuselage station 65, and a CI275 UHF Antenna installed at fuselage station 63.

3. CONTROL & OPERATION: Refer to pilot's operating handbook provided to the pilot. Refer to TDFM7300 Installation and Operating Instructions TiL Document No. 08RE389 Rev. A Issue 7, dated Aug 2010 or later revision provided in the aircraft maintenance records.
4. SERVICING: None Required.
5. MAINTENANCE INSTRUCTIONS: Periodic maintenance is not required. Refer to this FAA Form 337. Inspect in accordance with FAR 43, appendix D.
6. TROUBLESHOOTING INFO: Refer to this Form 337. Major troubleshooting should refer to a qualified FAA certificated avionics personnel.
7. REMOVAL AND REPLACEMENT: Removal and replacement should be done by trained qualified and FAA certificated avionics personnel. Refer to this Form 337.
8. DIAGRAMS: Refer to TDFM7300 Installation and Operating Instructions TiL Document No. 08RE389 Rev. A Issue 7, dated Aug 2010 or later revision provided in the aircraft maintenance records.
9. SPECIAL INSPECTION REQUIREMENTS: N/A
10. APPLICATION OF PROTECTIVE TREATMENTS: N/A
11. DATA: Refer to TDFM7300 Installation and Operating Instructions TiL Document No. 08RE389 Rev. A Issue 7, dated Aug 2010 or later revision.
12. LIST OF SPECIAL TOOLS: N/A
13. FOR COMMUTER CATEGORY AIRCRAFT: N/A
14. RECOMMENDED OVERHAUL PROCEDURES: N/A

-----Last Item This Page, See Page 2-----

Additional Sheets Are Attached



U.S. Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No.2120-0020  
2/28/2011

Electronic Tracking Number  
For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation (49 U.S.C. §46301(a)).

|                    |  |  |
|--------------------|--|--|
| <b>1. Aircraft</b> | Nationality and Registration Mark<br>N510PD  | Serial No.<br>0400E  |
|                    | Make<br>MDHI   | Model<br>369E  |
| <b>2. Owner</b>    | Name (As shown on registration certificate)<br>City Of Oakland<br>Police Helicopter Unit | Address (As shown on registration certificate)<br>Address 455 7 th. Street<br>City Oakland State Ca<br>Zip 94607 Country USA |

**3. For FAA Use Only**

| <b>4. Type</b>           |                                     | <b>5. Unit Identification</b> |              |                                |            |
|--------------------------|-------------------------------------|-------------------------------|--------------|--------------------------------|------------|
| Repair                   | Alteration                          | Unit                          | Make         | Model                          | Serial No. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME                      | _____        | (As described in item 1 above) | _____      |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT                    | _____        | _____                          | _____      |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER                     | _____        | _____                          | _____      |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE                     | Type         | _____                          | _____      |
| <input type="checkbox"/> | <input type="checkbox"/>            |                               | Manufacturer |                                |            |

**6. Conformity Statement**

| A. Agency's Name and Address |                          |             | B. Kind of Agency   |                    |  |
|------------------------------|--------------------------|-------------|---|--------------------|--|
| Name                         | Big Valley Aviation Inc. |             | U.S. Certificated Mechanic                                      | Manufacturer       |  |
| Address                      | 7535 Lindbergh St.       |             | Foreign Certificated Mechanic                                   | C. Certificate No. |  |
| City                         | Stockton                 | State Ca    | <input checked="" type="checkbox"/> Certificated Repair Station | WG3R944L           |  |
| Zip                          | 95206                    | Country USA | Certificated Maintenance Organization                           |                    |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per  14 CFR Part 43 App. B  Signature/Date of Authorized Individual  
Paul McKenzie 03/20/12

**7. Approval for Return To Service**

|   |                              |   |                |                          |   |
|---|------------------------------|---|----------------|--------------------------|---|
| Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED |                              |   |                |                          |   |
| BY  | FAA Flt. Standards Inspector |   | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |
|   | FAA Designee                 | <input checked="" type="checkbox"/>                                       | Repair Station | Inspection Authorization | Other (Specify)                                     |
| Certificate or Designation No.  |                              | Signature/Date of Authorized Individual<br>5041<br>Paul McKenzie 03/20/12 |                |                          |   |
| WG3R944L  |                              |   |                |                          |   |

## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

N510PD

03/20/12

Nationality and Registration Mark

Date

#### Horizontal Stabilizer Installation

Installed Aerometals Inc. Horizontal Stabilizer Assembly P/N 421X-087-905 S/N 1563 in accordance with Aerometals Master Drawing List (MDL) #33 Rev. A, dated 1/23/02 or latest revision, Aerometals Inc. AMI-20 Initial revision, dated August 31, 2000, and STC # SH6015NM.

Instructions for Continued Airworthiness for stabilizer P/N 421X-087-905 S/N 1563 are contained in Aerometals AMI-20. Weight and Balance change negligible.

—Y—

Additional Sheets Are Attached



U.S. Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No.2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

**INSTRUCTIONS:** Print or type all entries. See Title CFR 43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 44701). Failure to report can result in a civil penalty for each such violation (49 U.S.C. 46301(a)).

|                    |  |   |
|--------------------|--|---|
| <b>1. Aircraft</b> | Nationality and Registration Mark<br>N510PD  | Serial No.<br>0400E   |
|                    | Make<br>MDHI   | Model<br>369E   |
| <b>2. Owner</b>    | Name (As shown on registration certificate)<br>City of Oakland<br>Police Helicopter Unit | Address (As shown on registration certificate)<br>Address 455 7th Street<br>City Oakland State Ca.<br>Zip 94607 Country USA |

**3. For FAA Use Only**

ACO data identified herein complies with the applicable airworthiness requirements and is approved for the above described aircraft, subject to conformity inspection by a person certified in FAR 43, Section 43.7

*04/08/2008 Twin Jarrett*  
DATE SIGNATURE OAK-FSDD

| <b>4. Type</b>           |                                     | <b>5. Unit Identification</b> |                      |                                |            |
|--------------------------|-------------------------------------|-------------------------------|----------------------|--------------------------------|------------|
| Repair                   | Alteration                          | Unit                          | Make                 | Model                          | Serial No. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME                      | _____                | (As described in item 1 above) |            |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT                    | _____                | _____                          |            |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER                     | _____                | _____                          |            |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE                     | Type<br>Manufacturer | _____                          |            |

**6. Conformity Statement**

| <b>A. Agency's Name and Address</b> |                         |             | <b>B. Kind of Agency</b>  |                    |  |
|-------------------------------------|-------------------------|-------------|---|--------------------|--|
| Name                                | Big Valley Aviation Inc |             | U.S. Certificated Mechanic                                      | Manufacturer       |  |
| Address                             | 7535 S. Lindbergh St.   |             | Foreign Certificated Mechanic                                   | C. Certificate No. |  |
| City                                | Stockton                | State Ca.   | <input checked="" type="checkbox"/> Certificated Repair Station | WG3R944L           |  |
| Zip                                 | 95206                   | Country USA | Certificated Maintenance Organization                           |                    |  |

**D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.**

Extended range fuel per  
14 CFR Part 43 App. B  Signature/Date of Authorized Individual  
*Paul McKenzie* 04/08/08 04/08/08

**Approval for Return To Service**

|   |                              |  |                          |   |           |
|---|------------------------------|--|--------------------------|---|-----------|
| Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED |                              |  |                          |   |           |
| BY  | FAA Fil. Standards Inspector | Manufacturer   | Maintenance Organization | Person Approved by Canadian Department of Transport |           |
|   | FAA Designee                 | <input checked="" type="checkbox"/> Repair Station                       | Inspection Authorization | Other   | (Specify) |
| Certificate or Designation No.<br>WG3R944L  |                              | Signature/Date of Authorized Individual<br><i>Paul McKenzie</i> 04/08/08 |                          |   |           |

## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

N510PD

04/08/08

Nationality and Registration Mark

Date

N510PD  
Actt. 12042.0

#### U-8500 Flir System Installation

Removed existing Flir system U2000 camera from the right hand side of helicopter, ECU from the rear cabin compartment, harness assembly, power cables, and hand controller from the interior of the helicopter which was installed and approved on 10/05/90 and has flown on this helicopter for 18 years trouble free.

Using Flight Trails Inc. STC # SH6080NM mount P/N FTH105-8 we installed the Flir U8500 day/night/infrared camera to the airframe using the airframe jack hard point at station 96.9 on the right hand side of the helicopter. The Flir 8500 system is lighter and has a smaller profile than the U-2000 system that was removed which will reduce the loads imposed on the helicopter. The electrical harness is routed from the camera gimbal along side the exterior of the airframe to a cannon plug at station 76.5 on the right hand side of the helicopter where it enters the airframe and continues to the Flir ECU. The Flir ECU is located in the center of the rear cabin bulkhead at station 78.5 on aircraft center line using the existing U2000 ECU mount assembly. The Flir ECU is protected through a 15 amp circuit breaker labeled Flir System. All Flir system electrical harness was constructed by Flir Systems and the system is a plug and play system upon installation of the hard mounted system components.

Installed Universal Searchlight LLC. Slass System to allow slaving of the Flir camera and the SX-16 Night sun in the same track at the same time. The Slass System Electronic control unit P/N XX-7120 is mounted under the co-pilot seat at station 70.0 using standard AN hardware. The system hand controller is located in the foward cabin area at station 80.0 for easy access by the observer in the right seat location. Control cables are routed from the Flir ECU and the SX-16 J box to the Slass ECU using standard AN hardware.

Installed Broadcast Microwave Services, Inc helicopter microwave downlink system to allow live video from the Flir camera system to a base station on the ground. Mounted the control panel HCP-50 P/N 800205217 in the center console of the instrument panel at station 57.0 Installed the Antenna P/N 120103103 and antenna actuator assembly P/N 800169304 on the right hand skid tube foward of the right foward gear leg at station 56.85 longitudinal and station 48.75 lateral. The transmitter BMT75-9P P/N 801-3454800 was mounted under the right hand cabin floor at station 45.0 on an existing mounting tray using standard AN hardware. The antenna cable was routed from the transmitter to the antenna on the right skid using standard AN hardware and MS adel clamps to secure the cable assembly. Routed the antenna actuator control harness from the control panel to the antenna actuator located on the right skid tube using standard AN hardware and MS adel clamps. The BMS transmitter is protected by a 5 amp circuit breaker labeled BMS TX and the BMS antenna actuator is protected by a 2 amp circuit breaker labeled BMS ACT.

Installed Aerocomputer X3 Digital Video Recorder (DVR) above Flir ECU at station 78.5 on center line of aircraft to allow recording of the audio and video from the Flir system 8500 and the Aerocomputer LE5000 maping system. Installed in accordance with aerocomputer X3 DVR Installation Manual Revision 3.

A letter of no objection to external equipment mounting from MD Helicopters Inc. is attached for your review.

The helicopter will be test flown in accordance with FAR 91.407 (b) by a properly rated pilot to determine if this installation has appreciably changed the flight characteristics of the helicopter, and a log book entry will be made of the operational test and the results noted.

All electrical installations were conducted in accordance with AC43.13-1B Chapter 11, Section 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 15, 16, 17, 18, Chapter 12 Sections 1, 2, and 3. Structural requirements were completed in accordance with AC43.13-2A Chapter 1 and 2.

Adjusted aircraft equipment list and weight and balance data to reflect this installation.

Instructions for continued airworthiness are as follows:

- (1) Introduction: The Flir day/night camera and BMS microwave downlink is to be used for law enforcement and crime fighting. This system allows the ground support personal commanders to make tactical decisions based on real time video of the crime scene.

Additional Sheets Are Attached

## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

N510PD

04/08/08

Nationality and Registration Mark

Date

(2) Description: As described in the above text.

(3) Control: Not Applicable.

(4) Servicing Information: Flir System 8500 is to be serviced by the manufacturer. Only general security of attachment and operational status can be completed in the field. BMS microwave system is to be serviced by the manufacturer. Only general security of attachment and operational status can be completed in the field. The Slass system can only be inspected for general security of attachment and operational status. All equipment repairs must be completed by the manufacturer.

(5) Maintenance Instructions: All system equipment repairs and updates must be completed by the manufacturer. Perform visual inspection of systems for security of attachment and general condition.

(6) Troubleshooting Information: Reference Flir System 8500 service and maintenance manual 19208-940

(7) Removal and installation: Must be installed by a properly rated mechanic with a log book entry.

(8) Diagrams: Reference Flir System 8500 Installation Manual 19208-904.

(9) Special inspections: Not applicable.

(10) Application of protective treatment: Not applicable.

(11) Data: Not applicable.

(12) List of special tools: Not applicable.

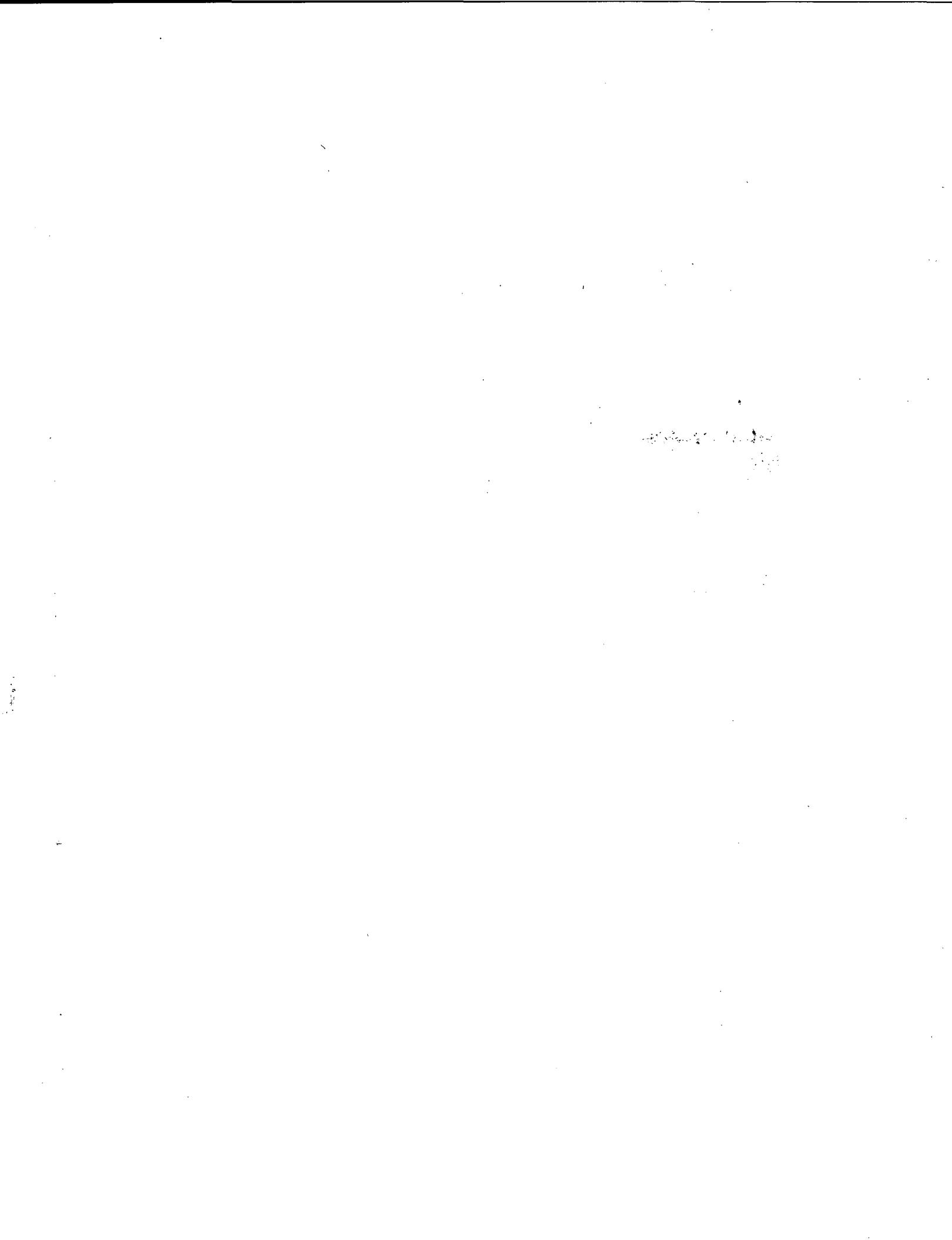
(13) For commuter catagory aircraft: Not applicable.

(14) Recomended Overhaul periods: Flir camera to be serviced in accordance with the manufacturers recomendations.

(15) Airworthiness Limitations section: Not applicable.

(16) Revision status: To revise this ICA submit a letter to the local FSDO with a copy of the revised FAA 337 and a revised ICA. Once the revision has been accepted a maintenance entry will be made, identifying the revision and the date of the revised FAA 337 form.

Additional Sheets Are Attached

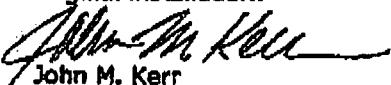


**DESCRIPTION:**

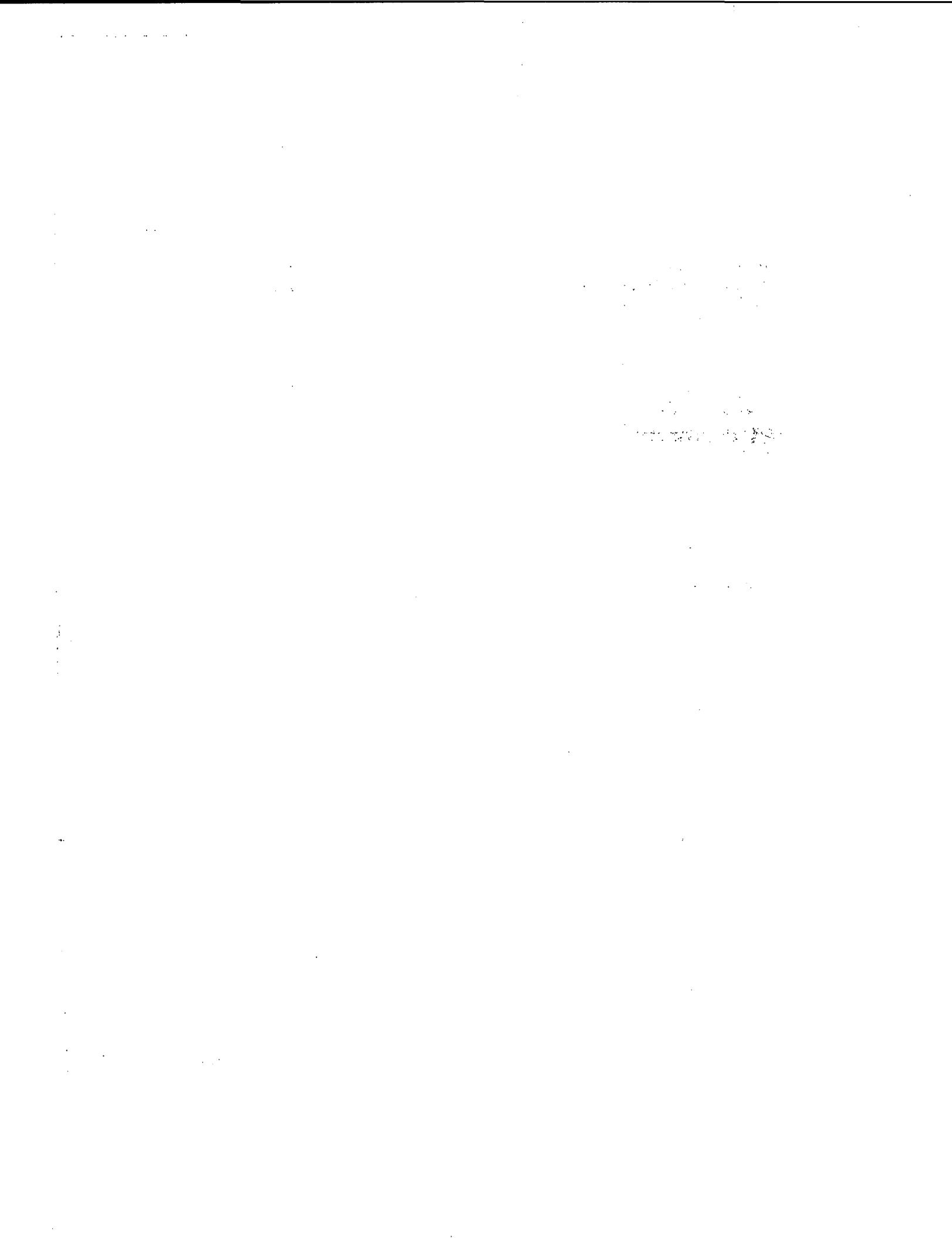
FAA requests through BIG VALLEY AVIATION a letter of no objection to external equipment mounted on 369 Series helicopters. BIG VALLEY AVIATION upgraded the FLIR installation from FLIR 2000 to FLIR 8500 which is a lighter and more aerodynamic unit onto the OAKLAND Police Department helicopters.

**REPLY:**

MD HELICOPTERS has reviewed the request and we have no technical objection to external equipment mounted as described above in accordance with the intent of the original installation.



John M. Kerr  
Field Service Representative  
MD Helicopters Inc.  
4555 E. McDowell Rd.  
Mesa, Arizona  
85215  
602-284-7479



**DESCRIPTION:**

FAA requests through BIG VALLEY AVIATION a letter of no objection to external equipment mounted on 369 Series helicopters.

BIG VALLEY AVIATION upgraded the FLIR installation from FLIR 2000 to FLIR 6500 which is a lighter and more aerodynamic unit onto the OAKLAND Police Department helicopters.

**REPLY:**

MD HELICOPTERS has reviewed the request and we have no technical objection to external equipment mounted as described above in accordance with the intent of the original installation.

A handwritten signature in black ink, appearing to read "John M. Kerr".

John M. Kerr  
Field Service Representative  
MD Helicopters Inc.  
4555 E. McDowell Rd.  
Mesa, Arizona  
85215  
602-284-7479





U.S. Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No.2120-0020

For FAA Use Only

Office Identification

NP2701

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

|                    |  |  |
|--------------------|--|--|
| <b>1. Aircraft</b> | Make<br>McDonnel Douglas Helicopter  | Model<br>369E  |
|                    | Serial No.<br>0400E  | Nationality and Registration Mark<br>N510PD  |
| <b>2. Owner</b>    | Name (As shown on registration certificate)<br>City of Oakland Police Department | Address (As shown on registration certificate)<br>455 7th Street Helicopter Aviation Unit<br>Oakland, CA 94607 |

**3. For FAA Use Only**

The data identified herein complies with the applicable airworthiness requirements and is approved for the above listed aircraft, subject to conformity inspection by a person authorized in FAR 43, Section 43.7

07-05-2006   
DATE SIGNATURE OAK-FEGO

| <b>4. Unit Identification</b> |                                |       |            | <b>5. Type</b> |            |
|-------------------------------|--------------------------------|-------|------------|----------------|------------|
| Unit                          | Make                           | Model | Serial No. | Repair         | Alteration |
| AIRFRAME                      | (As described in item 1 above) |       |            |                | X          |
| POWERPLANT                    |                                |       |            |                |            |
| PROPELLER                     |                                |       |            |                |            |
| APPLIANCE                     | Type                           |       |            |                |            |
|                               | Manufacturer                   |       |            |                |            |

**6. Conformity Statement**

| <b>A. Agency's Name and Address</b>                        |  | <b>B. Kind of Agency</b>  | <b>C. Certificate No.</b> |
|--|--|---|---------------------------|
| Bay Avionics, Inc.<br>8053 Earhart Rd<br>Oakland, CA 94621 |  | U.S. Certificated Mechanic                                      | WK3R948L                  |
|  |  | Foreign Certificated Mechanic                                   |                           |
|  |  | <input checked="" type="checkbox"/> Certificated Repair Station |                           |
|  |  | Manufacturer  |                           |

**D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.**

|                  |                                    |  |  |
|------------------|------------------------------------|--|--|
| Date<br>7/5/2006 | Signature of Authorized Individual |  |  |
|------------------|------------------------------------|--|--|

**7. Approval for Return To Service**

|   |  |  |   |                                    |  |
|---|--|--|---|------------------------------------|--|
| Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED |  |  |   |                                    |  |
| <b>BY</b>   | FAA Fit. Standards Inspector                     | Manufacturer                               | Inspection Authorization                                | Other (Specify)                    |  |
|   | FAA Designee <input checked="" type="checkbox"/> | Repair Station                             | Person Approved by Transport Canada Airworthiness Group |                                    |  |
| Date of Approval or Rejection<br>7/17/2006  |  | Certificate or Designation No.<br>WK3R948L |   | Signature of Authorized Individual |  |

## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

**N510PD**

**s/n 0400E**

**McDonnell**

**Douglas 369E**

Removed the Bendix/King KY-196 COM and KT-76A transponder

Installed into this aircraft:

Garmin GTX-330 Mode S transponder w/ TIS TSO-C112 at FS+49

Garmin SL-40 COM TSO-C37d, C38d, C128 at FS+48

Utilized supplied hardware from the manufacturer, standard aircraft hardware, MS27500/18-22(shielded wire) MS22759/16 (wire), and RG/U-400 Type IX Mil-C17 (coax)

Mounted the GTX-330 in the radio stack utilizing the existing mounting rails where the previous transponder was located. Connected transponder to the existing antenna. Interfaced to the existing encoder. Interfaced to the existing Garmin GNS-430's to display the traffic information system. Connected audio to the existing audio panel. Connected to the aircraft buss through a Klixon 7277-2-5amp circuit breaker and labeled "XPON".

Mounted the SL-40 in the center radio stack. Connected COM to the existing COM antenna. Interfaced to the existing audio panel "COM 2" position. Connected to the aircraft buss through a Klixon 7277-2-5amp circuit breaker and labeled "COM 2".

Checked transponder and encoder per FAR 91.217 and FAR 91.413.

Installation referenced to Garmin GNS-430 installation manual #190-00140-02 rev Q, GTX-330 #190-00207-02 rev K, SL-40 #560-09560-03 rev B, applicable paragraphs of FAA AC43.13-1B chapter 10, chapter 11 and chapter 12, AC43.13-2A 1-1 - 1-12, 2-21 - 2-25, 2-27, 3-36, 3-38, FAR 25.1301, FAR 25.1309a, b, d, AC 20-138a. This is a follow on installation to Garmin's SL-40 STC #SA00421SE, and GTX-330 STC #ST01125WI

Revised the equipment list, airframe log, and weight & balance.

**AIRWORTHINESS LIMITATIONS:** The Garmin GTX-330 pilot's guide p/n 190-00207-00 rev A and the Garmin GTX-330 FAA Approved Flight Manual Supplement doc #75398 dated \_\_\_\_\_ or subsequent revisions must be in the aircraft when utilizing this system.

Instructions for continued airworthiness are attached to this 337 and are listed in the corresponding installation manuals.

\*\*\*\*\* NOTHING FOLLOWS \*\*\*\*\*

Additional Sheets Are Attached

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## A.2 Continued Airworthiness

Other than for regulatory periodic functional checks, maintenance of the GTX 330 is "on condition" only. Refer to the GTX 330 Maintenance Manual (Garmin P/N 190-00207-05). Periodic maintenance of the GTX 330 is not required.

This section provides assistance to the installing agency in preparing Instructions for Continued Airworthiness (ICA) in response to Bulletin Number HBAW 98-18, "Checklist for Instructions for Continued Airworthiness for Major Alterations Approved Under the Field Approval Process", effective 10/7/98.

Aviation Authority approved installers are hereby granted permission to reference appropriate service instructions and excerpts from this Installation Manual to accomplish the Instructions for Continued Airworthiness. This permission does not construe suitability of the documents. It is the applicant's responsibility to determine the suitability of the documents for the ICA.

Following is a suggested ICA for a Garmin GTX 330 unit installation. Some of the checklist items do not apply, in which case they should be marked "N/A" (Not Applicable).

## INSTRUCTIONS FOR CONTINUED AIRWORTHINESS, GARMIN GTX 330

### 1. Introduction

[Aircraft that has been altered: Registration (N-) number, Make, Model and Serial Number]

Content, Scope,

Purpose and Arrangement: This document identifies the Instructions for Continued Airworthiness for the modification of the above aircraft by installation of a Garmin GTX 330.

Applicability: Applies to aircraft altered by installation of the Garmin GTX 330.

Definitions/Abbreviations: None, N/A.

Precautions: None, N/A.

Units of Measurement: None, N/A.

Referenced Publications: Garmin GTX 330 Installation Manual, P/N 190-00207-02

Garmin GTX 330 Maintenance Manual, P/N 190-00207-05

Garmin STC # ST01125WI.

Garmin GTX 330 Pilot's Guide, P/N 190-00207-00.

Distribution: This document should be a permanent aircraft record.

### 2. Description of the Alteration

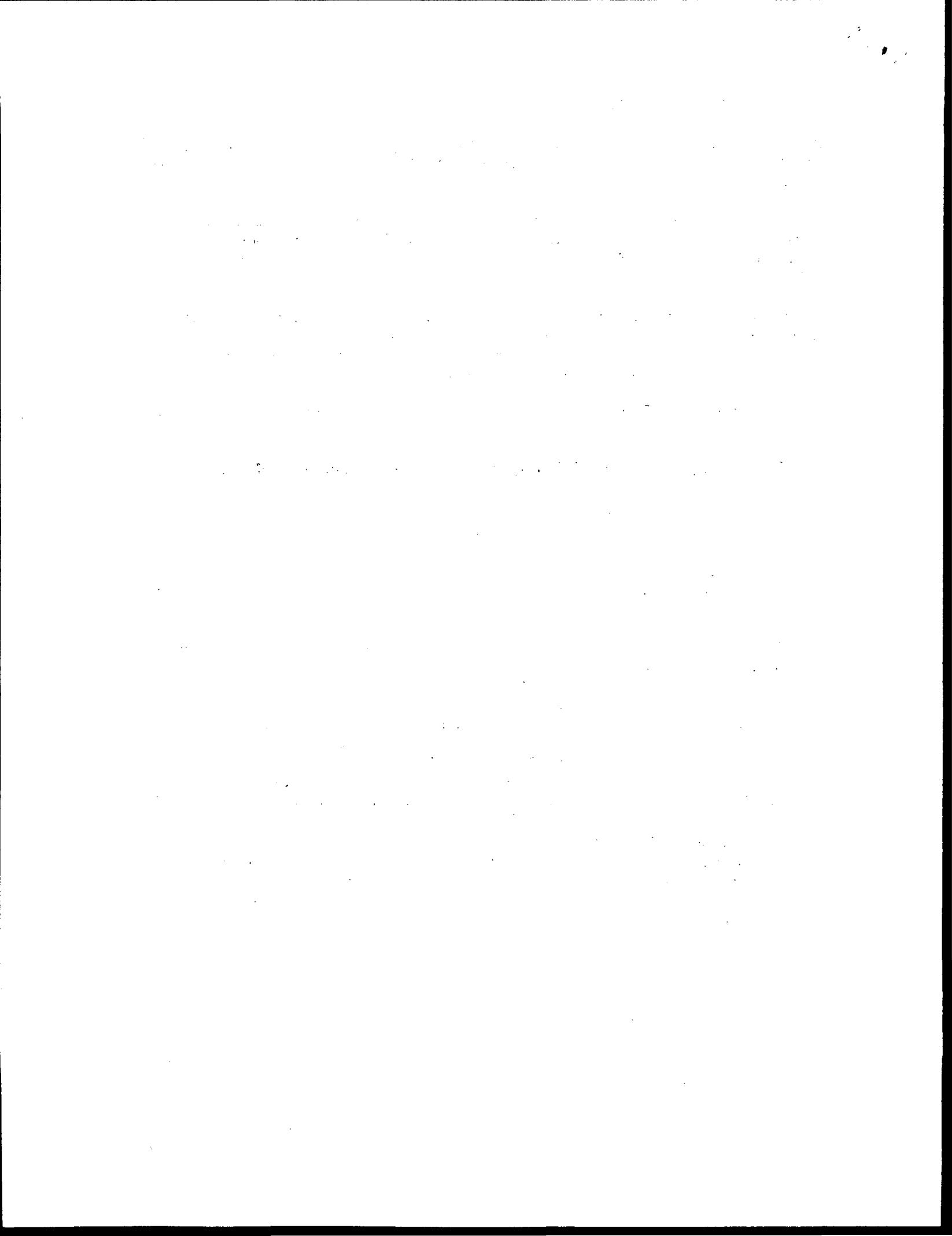
Installation of the Garmin GTX 330, with interface to Encoding Altimeter or Blind Encoder. Refer to Section 4 and Appendix C of this manual for interconnect information. Antenna installation, removal and replacement should be in accordance with applicable provisions of FAA Advisory Circulars AC 43.13-1B and AC 43.13-2A.

### 3. Control, Operation Information

Refer to the GTX 330 Pilot's Guide.

### 4. Servicing Information

N/A



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## **5. Maintenance Instructions**

Maintenance of the GTX 330 is 'on condition' only. Periodic maintenance is not required. Refer to the GTX 330 Maintenance Manual.

## **6. Troubleshooting Information**

Refer to the GTX 330 Maintenance Manual.

## **7. Removal and Replacement Information**

Refer to Section 2 of this manual. If the unit is removed and reinstalled, a functional check of the equipment should be conducted in accordance with Section 5 of this manual.

## **8. Diagrams**

Refer to Section 2, Section 4 and Appendices B and C of this manual.

## **9. Special Inspection Requirements**

N/A

## **10. Application of Protective Treatments**

N/A

## **11. Data: Relative to Structural Fasteners**

Antenna installation, removal and replacement should be in accordance with applicable provisions of FAA Advisory Circulars AC 43.13-1B and AC 43.13-2A. Also, refer to Section 2 of this manual.

## **12. Special Tools**

N/A

## **13. This Section is for Commuter Category Aircraft Only**

A. Electrical loads: Refer to Section 1.6.3 of this manual.

B. Methods of balancing flight controls: N/A.

C. Identification of primary and secondary structures: N/A.

D. Special repair methods applicable to the airplane: Antenna installation, removal, and replacement should be in accordance with applicable provisions of FAA Advisory Circulars AC 43.13-1B and AC 43.13-2A.

## **14. Overhaul Period**

No additional overhaul time limitations.

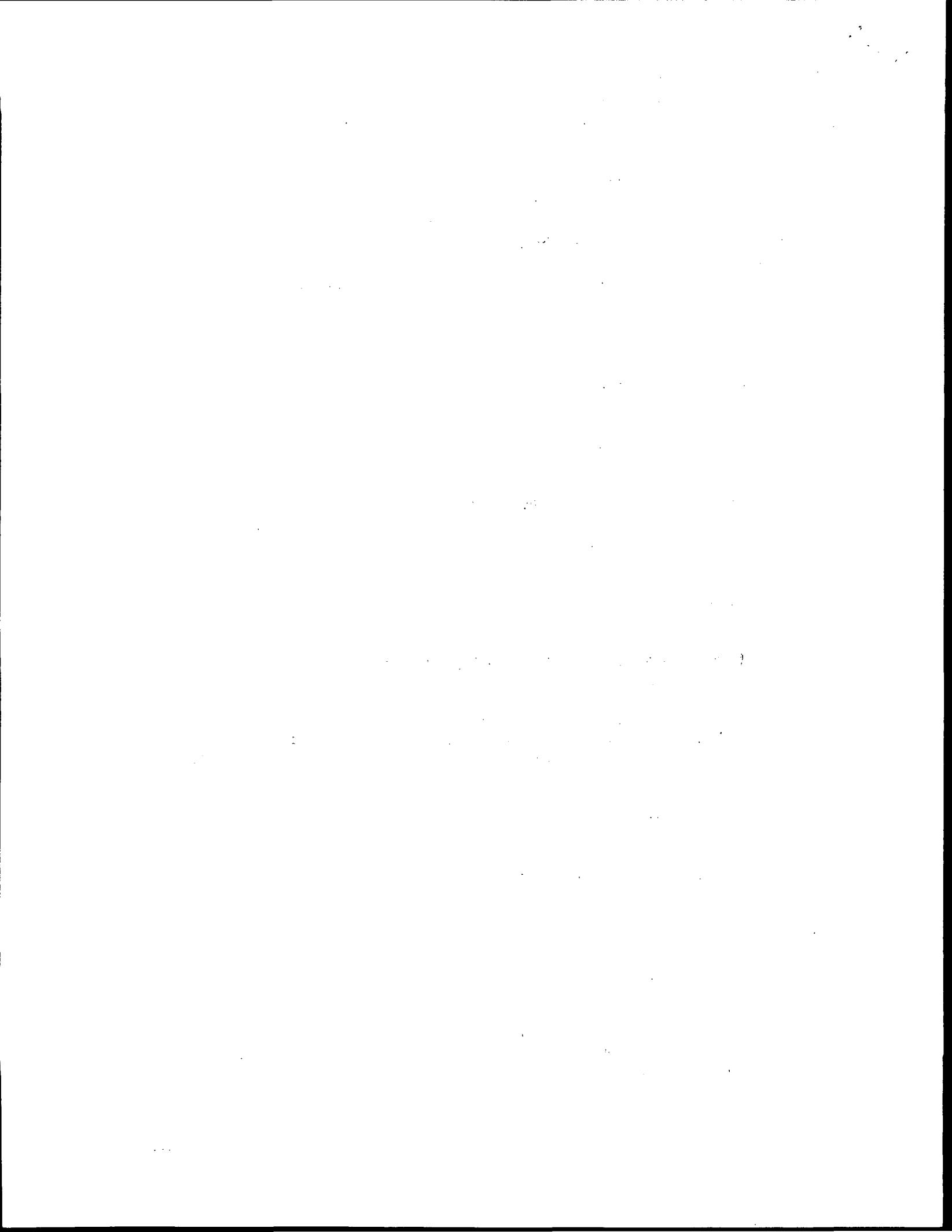
## **15. Airworthiness Limitation Section**

N/A.

## **16. Revision**

To revise this ICA, a letter must be submitted to the local FSDO with a copy of the revised FAA Form 337, and revised ICA. The FAA inspector accepts the change by signing Block 3 and including the following statement:

"The attached revised/new Instructions for Continued Airworthiness (date \_\_\_\_\_) for the above aircraft or component major alteration have been accepted by the FAA, superseding the Instructions for Continued Airworthiness (date \_\_\_\_\_)."



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## 17. Assistance

Flight Standards Inspectors have the resources to respond to questions regarding the ICA.

## 18. Implementation and Record Keeping

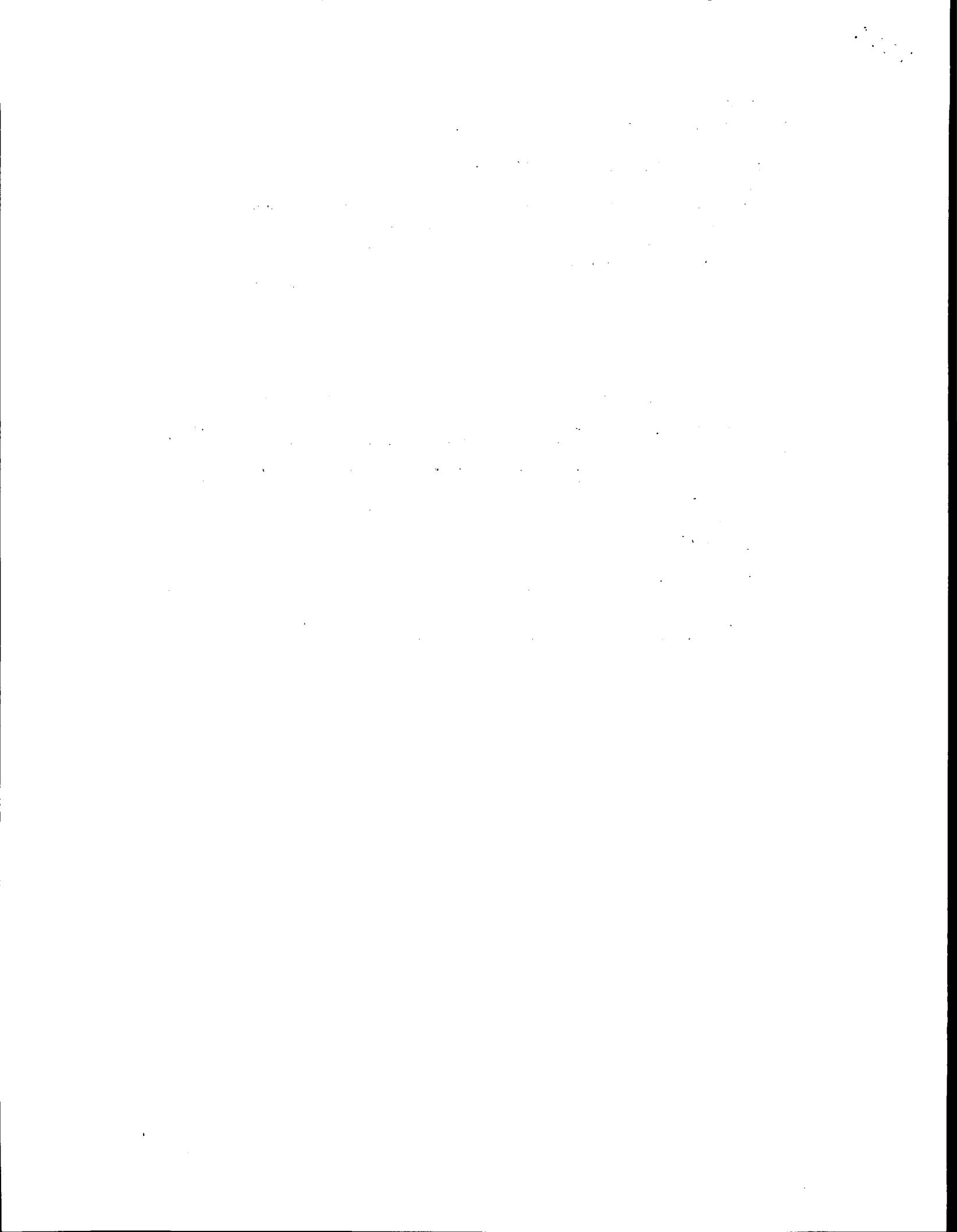
For major alterations performed in accordance with FAA field approval policy, the owner/operator operating under Part 91 is responsible for ensuring that the ICA is made part of the applicable Section 91.409 inspection program for their aircraft. This is accomplished when a maintenance entry is made in the aircraft's maintenance record in accordance with Section 43.9. This entry records the major alteration and identifies the original ICA location (e.g., Block 8 of FAA Form 337, dated \_\_\_\_\_) along with a statement that the ICA is now part of the aircraft's inspection/maintenance requirements.

### GTX 330 Airborne ATCRBS/Mode S Transponder Equipment

| TYPE/MODEL/PART NO<br>(Unit P/N)              | TSO COMPLIANCE* | JTSO COMPLIANCE* | Diversity |
|---|-----------------|------------------|-----------|
| 010-00230-( )<br>(011-00455-00, -20)          | C112 Class 2A   | 2C112a Level 2s  | No        |
| 010-00293-( )<br>(011-00455-10, -30)          | C112 Class 2A   | 2C112a Level 2s  | Yes       |
| 010-00308-( ) Obsolete<br>(011-00455-40, -50) | C112 Class 1A   | 2C112a Level 1s  | Yes       |

\* Notes: See Section 2.2 for part number, and complete TSO classification and description.

All versions of the 011-00455-( ) are class 2A except -(40), -(50) which are class 1A and are obsolete.



## **APPENDIX B - PERIODIC MAINTENANCE**

### **EQUIPMENT CALIBRATION**

The SL40 design requires very few adjustments or calibration to be made. In fact, there are **no** internal manual adjustments.

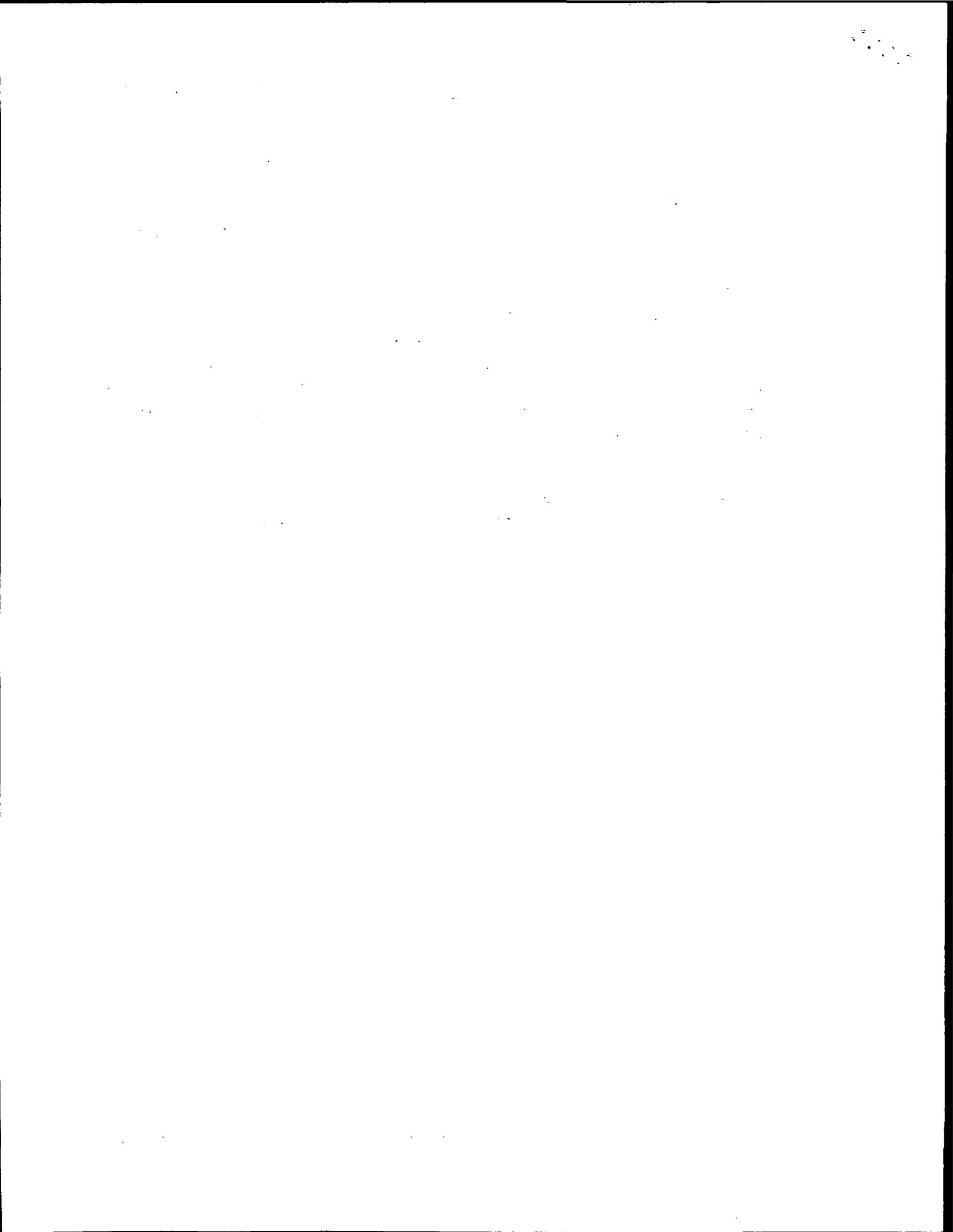
### **REFERENCE OSCILLATOR**

The reference oscillator frequency should be checked approximately every 3 to 5 years to ensure the units transmit frequency is within allowable tolerance.

The oscillator frequency can be checked by connecting the transmitter output through an appropriate load to a calibrated frequency counter. The transmit frequency should be within 15ppm of the selected channel frequency. Contact the Garmin AT, Inc. factory for instructions on adjusting the frequency if required.

### **CLEANING THE FRONT PANEL**

The front bezel, keypad, and display can be cleaned with a soft cotton cloth dampened with clean water. DO NOT use any chemical cleaning agents. Care should be taken to avoid scratching the surface of the display.





U.S. Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No.2120-0020

For FAA Use Only

Office Identification

T.F.A. WPD-27

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

|                    |  |  |
|--------------------|--|--|
| <b>1. Aircraft</b> | Make<br>MDHC   | Model<br>369E  |
|                    | Serial No.<br>0400E  | Nationality and Registration Mark<br>N510PD  |
| <b>2. Owner</b>    | Name (As shown on registration certificate)<br>City of Oakland<br>Police Helicopter Unit | Address (As shown on registration certificate)<br>455 7th. Street<br>Oakland Ca. 94607 |

**3. For FAA Use Only**

The data identified herein complies with the applicable airworthiness requirements and is approved for the above described aircraft, subject to conformity inspection by a person authorized in FAR 43, Section 43.7

21/17/06 T. M. McKenzie  
DATE SIGNATURE OAK-FSDO

| <b>4. Unit Identification</b> |                                |       |            | <b>5. Type</b> |            |
|-------------------------------|--------------------------------|-------|------------|----------------|------------|
| Unit                          | Make                           | Model | Serial No. | Repair         | Alteration |
| AIRFRAME                      | (As described in item 1 above) |       |            |                | X          |
| POWERPLANT                    |                                |       |            |                |            |
| PROPELLER                     |                                |       |            |                |            |
| APPLIANCE                     | Type                           |       |            |                |            |
|                               | Manufacturer                   |       |            |                |            |

**6. Conformity Statement**

| A. Agency's Name and Address  |  | B. Kind of Agency             | C. Certificate No. |
|---|--|-------------------------------|--------------------|
| Big Valley Aviation Inc.<br>7535 S. Lindbergh St.<br>Stockton Ca. 95206 |  | U.S. Certificated Mechanic    | WG3R944L           |
|   |  | Foreign Certificated Mechanic |                    |
|   |  | X Certificated Repair Station |                    |
|   |  | Manufacturer                  |                    |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|                  |                                    |  |               |
|------------------|------------------------------------|--|---------------|
| Date<br>01/17/06 | Signature of Authorized Individual |  | Paul McKenzie |
|------------------|------------------------------------|--|---------------|

**7. Approval for Return to Service**

|   |                              |  |                |   |                 |
|---|------------------------------|--|----------------|---|-----------------|
| Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED |                              |  |                |   |                 |
| BY  | FAA Flt. Standards Inspector |  | Manufacturer   | Inspection Authorization                                | Other (Specify) |
|   | FAA Designee                 | X  | Repair Station | Person Approved by Transport Canada Airworthiness Group |                 |
| Date of Approval or Rejection<br>01/17/06   |                              | Certificate or Designation No.<br>WG3R944L |                | Signature of Authorized Individual<br>Paul McKenzie     |                 |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

01/17/06  
MDHC 369E  
N510PD  
S/N 0400E  
Actt 11140.5

#### AeroComputer-LE 5000 Installation

The AeroComputer UltiChart LE 5000 series airborne command and control system provides situational awareness in airborne environments such as Airborne Law Enforcement, Surveillance, Search and Rescues, Fire Fighting or Electronic News Gathering. The LE 5000 is designed to be operated by the observer, supplying moving maps and directional information regarding current position, targets, and points of interest.

The system is not an FAA approved navigation tool and is not meant to be used for navigation by the pilot of the aircraft. Installed placard on monitor that reads: Moving Map System not to be used for navigational purposes.

The user input to define destinations, map choices, display data ect. is accomplished with the keyboard. The system also uses a touch screen and mouse enable for additional methods of used input.

Installed Aero Computer Airborne Systems Ultichart LE-5000 Map System hardware in accordance with LE-5000 Installation Manual Revision 1.9 dated August 8, 2003.

The CPU Module S/N 2257 is installed in the aircraft at station 91.9 on the left hand side of the rear cabin. A support shelf was fabricated from 2024T3 x .071 sheet aluminum, with folded ends for added strength to a dimension of 10.0" x 14.5" onto which four shock mounts are attached with screws P/N MS35207-263, washers AN960PD10L, and nuts MS21042L3. The CPU Module Mount is secured to the four shock mounts with four screws P/N MS35207-263. The CPU Module is secured to the mount plate with hardware supplied with the installation kit. This shelf is attached to the left foward seat bulkhead aft side with support brackets fabricated from 2024T3 x .071 sheet aluminum with foulded flanges to allow attachment to the seat bulkhead and the CPU shelf described above. The support brackets are riveted to the shelf with AN470AD4-5 rivets and the assembly is attached to the seat bulkhead with eight screws MS35207-264, four per side and doublers under the nuts MS21042L3.

The system keyboard is attached to the bottom of the monitor support mount at station 46.0 that was previously approved on a FAA 337 field approval dated 09/05/1990 for the Flir Monitor installation. The keyboard is secured to the monitor support bracket using six screws P/N MS24693S32. With the keyboard fully extended it has ample clearance from the right cycle stick through full range of travel. The keyboard is the system default and the primary method of user input to the CPU.

The system GPS antenna is mounted in the foward cabin right hand side at station 36.0. The GPS antenna allows the GPS receiver in the CPU Module to capture the signals of the GPS satellites. The system uses an active powered GPS antenna and is designed to be independant of all aircraft instrumentation and as such cannot be shared or use any other antenna.

The system CPU Module is powered by aircraft 24 volt electrical system through a 3 amp circuit breaker switch P/N 7270-1-3 located on the right hand side of the center console. This switch is labeled (Computer). The necessary electrical and data harness were fabricated in accordance with the LE 5000 Installation Manual and routed through the belly of the aircraft with the existing wire bundles in accordance with Standard Practices Manual AC43.13-1B. The wire harness is routed from the CPU Module to the monitor, and the keyboard located in the foward cabin.

This system installation was completed in accordance with LE 5000 Installation Manual and AC43.13-1B Change 1 Chapter 7 Aircraft Hardware, Chapter 10 Weight and Balance Data, Chapter 11 Electrical Load Section 1,3,4,5,6,7,8,9,10,11,12,15,16, and 17, Chapter 13 Human Factors, and AC43.13-2A Chapter 1 Structural Data, Chapter 2 Radio Installations, and Chapter 3 Antenna Installations.

New equipment list and weight and balance data computed and installed into flight manual.

The aircraft was test flown in accordance with FAR 91.207 (b) by an appropriately roted pilot, and the system was tested in flight to determine its ability to operate properly and to determine its interaction with other aircraft systems. The test flight revealed that there was no interference with other communication or navigation systems in the aircraft. An log book entry was completed to reflect this flight test.

Additional Sheets Are Attached

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

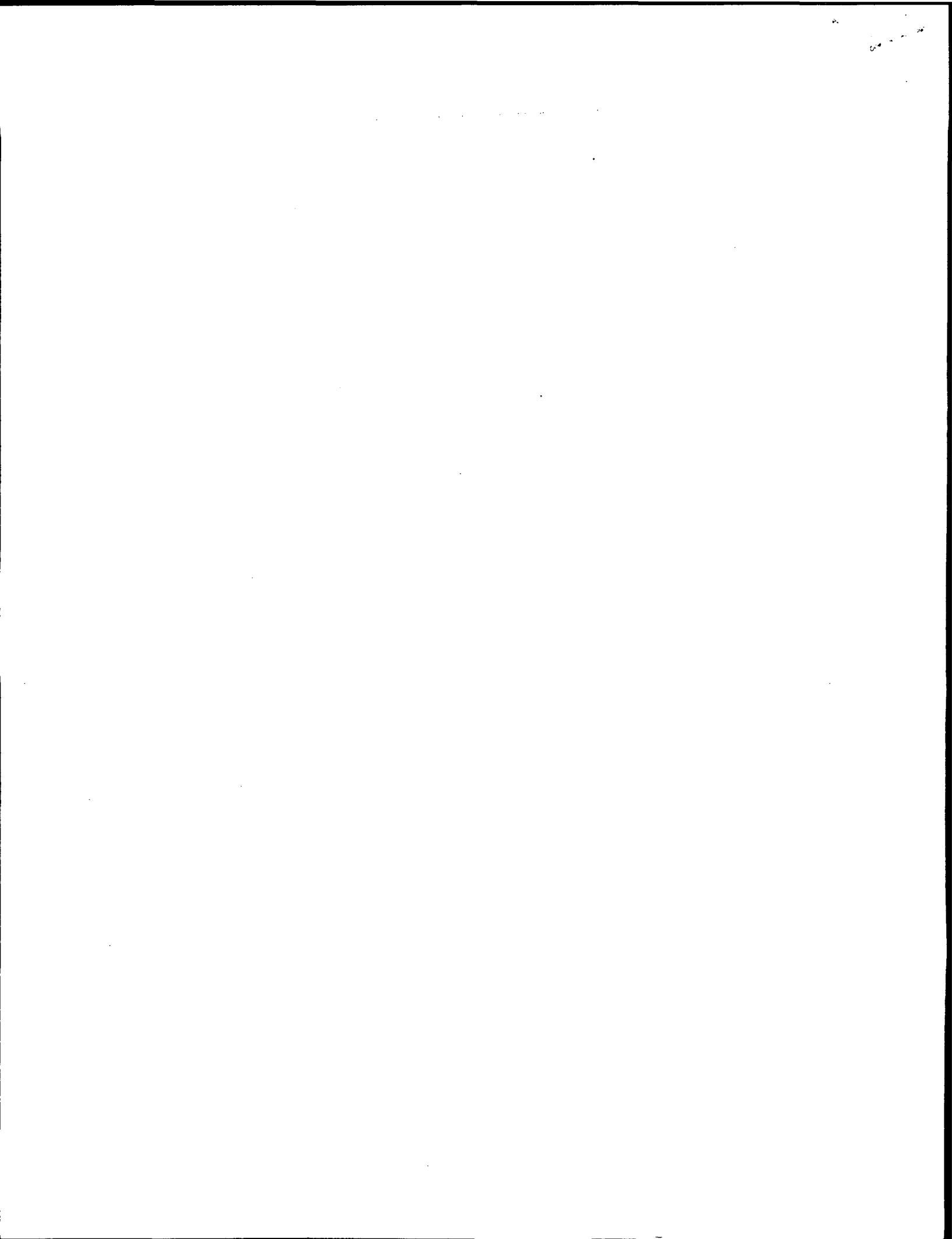
01/17/06  
MDHC 369E  
S/N 0400E  
N510PD  
Actt: 11140.5

#### Instructions for Continued Airworthiness

- 1) Introduction: As described briefly above. Additional information is in the LE 5000 Installation Manual.
- 2) Description: As described briefly above. Additional information is in the LE 5000 Installation Manual.
- 3) Control: The system is powered and protected by a 3 amp circuit breaker and is controlled and operated by the system keyboard and touch screen.
- 4) Servicing information: The LE 5000 system components must be serviced and repaired by AeroComputer Inc. 716 N. Ventura Rd. # 342, Oxnard Ca. 93030 P/H# 805-985-3390.
- 5) Maintenance Instructions: General condition and security of the system components and electrical harness are to be inspected at each 100 hour inspection. System maintenance and data updated are to be conducted by the manufacturer.
- 6) Troubleshooting information: Reference the LE 5000 Installation Manual and the Users Manual for troubleshooting information.
- 7) Removal and installation information: Reference LE 5000 Installation Manual.
- 8) Diagrams: Reference LE 5000 Installation Manual.
- 9) Special inspection requirements: None.
- 10) Application of protective treatment: None.
- 11) Data: Reference LE 5000 Installation Manual and system installation description above.
- 12) List of special tools. None.
- 13) For commuter category aircraft: Not applicable.
- 14) Recommended overhaul periods: Not applicable.
- 15) Airworthiness Limitation Section: Not applicable.
- 16) Revision: To revise this ICA submit a letter to the local FSDO with a copy of the revised FAA Form 337 and revised ICA. Once the revision has been accepted a maintenance record entry will be made, identifying the revision, its location, and date of the revised Form 337.

\*\*\*\*\* NOTHING FOLLOWS \*\*\*\*\*

Additional Sheets Are Attached





# MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020

For FAA Use Only

Office Identification

WP-25

LL2

INSTRUCTIONS: Print or type all entries. See FAR 43.9 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

|             |  |  |
|-------------|--|--|
| 1. Aircraft | Make<br>McDonnell Douglas Helicopter   | Model<br>369E  |
|             | Serial No.<br>400E   | Nationality and Registration Mark<br>N510PD  |
| 2. Owner    | Name (As shown on registration certificate)<br>City of Oakland Police Department | Address (As shown on registration certificate)<br>455 7 <sup>th</sup> St Helicopter Av Unit<br>Oakland, CA 94607 |

### 3. For FAA Use Only

The data identified herein complies with the applicable airworthiness requirements and is approved only for the above described aircraft, subject to conformity inspection by a person authorized in 14 CFR part 43 section 43.7

11/28/2003

Date

Larry L. Zioczewski, Principal Avionics Inspector

| 4. Unit Identification |  |       | 5. Type    |        |            |
|------------------------|--|-------|------------|--------|------------|
| Unit                   | Make                                       | Model | Serial No. | Repair | Alteration |
| AIRFRAME               | ----- (As described in Item 1 above) ----- |       |            |        | X          |
| POWERPLANT             |  |       |            |        |            |
| PROPELLER              |  |       |            |        |            |
| APPLIANCE              | Type                                       |       |            |        |            |
|                        | Manufacturer                               |       |            |        |            |

### 6. Conformity Statement

|   |                               |   |
|---|-------------------------------|---|
| A. Agency's Name and Address                                | B. Kind of Agency             | C. Certificate No.  |
| THE GYRO HOUSE<br>2389 RICKENBACKER WAY<br>AUBURN, CA 95602 | U.S. Certified Mechanic       | NG3R709L<br>Inst. 1, 2, 3, 4<br>Radio, 1, 2, 3, Ltd.<br>Limited Air Frame |
|   | Foreign Certified Mechanic    |   |
|   | X Certificated Repair Station |   |
|   | Manufacturer                  |   |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|          |                                    |  |
|----------|------------------------------------|--|
| Date     | Signature of Authorized Individual |  |
| 11/29/03 | Albert Shogren                     |  |

### 7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|    |                              |                  |   |                 |
|----|------------------------------|------------------|---|-----------------|
| BY | FAA Flt. Standards Inspector | Manufacturer     | Inspection Authorization                                | Other (Specify) |
|    | FAA Designee                 | X Repair Station | Person Approved by Transport Canada Airworthiness Group |                 |

|                               |                                |                                    |
|-------------------------------|--------------------------------|------------------------------------|
| Date of Approval or Rejection | Certificate or Designation No. | Signature of Authorized Individual |
| 12/1/03                       | NG3R709L                       |                                    |

**FAA Form 337 NOTICE**

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

**B. Description of Work Accomplished**

*(If more space is required, attach additional sheets, Identify with aircraft nationality and registration mark and date work accomplished.)*

MD Helicopter 369E

N510PD

SN: 400E

1. Installed LoJack Vehicle Tracking System as follows:
2. This Installation was previously approved on Bell Helicopter Model 206B III, Registration N211LA, SN: 3956, on FAA Form 337 dated 7/15/2002. The following components were listed in that installation:

The Receiver/ Computer Module, LoJack P/N: PTC2A-E was installed under Copilot's seat on existing access panel (fs 62) using standard AN hardware.

The system was coupled to existing 28VDC to 12VDC power converter with a 2 amp circuit breaker switch mounted at bottom of avionics stack.

The Display Controller, pn: PTC2-D, was mounted on the top of aircraft instrument panel glare shield (fs 33.0) using standard AN hardware.

Installed fabricated antenna plate to bottom of aircraft fuselage (fs 85.5). Antenna plate was fabricated IAW LoJack Installation Drawing #LJ010. Four CI 177 Antennas were mounted on the antenna plate and the Assembly was installed IAW LoJack Installation drawing # LJ005. The CI 177 Antennas are TSO'd C37B and C38B.

LoJack system is a non-flight critical item and is completely removed from aircraft power using control switch. All other systems in aircraft are not affected.

The Aircraft Weight and Balance and Equipment List have been updated IAW AC 43.13-1B, and a copy has been added to the aircraft POH.

An electrical load analysis was performed IAW AC 43.13-2A and found to be within 80% of maximum continuous alternator outputs.

Instructions for continued airworthiness require a visual inspection and operational test annually IAW manufacturers instructions and FAR 43 appendix D.

-----  
END-----

Additional Sheets Are Attached



U.S. Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No.2120-0020

For FAA Use Only

Office Identification

T-6-9, WP-27

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

|                    |   |   |
|--------------------|---|---|
| <b>1. Aircraft</b> | Make<br>MDHC  | Model<br>369E   |
|                    | Serial No.<br>0400E   | Nationality and Registration Mark<br>N510PD   |
| <b>2. Owner</b>    | Name (As shown on registration certificate)<br>City of Oakland Police Dept. | Address (As shown on registration certificate)<br>456 7th Street<br>Oakland Ca. 94607 |

**3. For FAA Use Only**

| <b>4. Unit Identification</b> |                                |       |            | <b>5. Type</b> |            |
|-------------------------------|--------------------------------|-------|------------|----------------|------------|
| Unit                          | Make                           | Model | Serial No. | Repair         | Alteration |
| AIRFRAME                      | (As described in item 1 above) |       |            |                | X          |
| POWERPLANT                    |                                |       |            |                |            |
| PROPELLER                     |                                |       |            |                |            |
| APPLIANCE                     | Type                           |       |            |                |            |
|                               | Manufacturer                   |       |            |                |            |

**6. Conformity Statement**

| <b>A. Agency's Name and Address</b>                                     |  | <b>B. Kind of Agency</b>      | <b>C. Certificate No.</b> |
|---|--|-------------------------------|---------------------------|
| Big Valley Aviation Inc:<br>7535 S. Lindbergh St.<br>Stockton Ca. 95209 |  | U.S. Certificated Mechanic    | WG3R944L                  |
|   |  | Foreign Certificated Mechanic |                           |
|   |  | X Certificated Repair Station |                           |
|   |  | Manufacturer                  |                           |

**D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.**

|                  |                                    |  |  |               |
|------------------|------------------------------------|--|--|---------------|
| Date<br>12-06-01 | Signature of Authorized Individual |  |  | Paul McKenzie |
|------------------|------------------------------------|--|--|---------------|

**7. Approval for Return to Service**

|   |                              |                  |   |                 |  |
|---|------------------------------|------------------|---|-----------------|--|
| Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED |                              |                  |   |                 |  |
| BY  | FAA Fit. Standards Inspector | Manufacturer     | Inspection Authorization                                | Other (Specify) |  |
|   | FAA Designee                 | X Repair Station | Person Approved by Transport Canada Airworthiness Group |                 |  |

|   |  |  |                                    |  |  |
|---|--|--|------------------------------------|--|--|
| Date of Approval or Rejection<br>12-06-01 |  | Certificate or Designation No.<br>WG3R944L | Signature of Authorized Individual |  |  |
|---|--|--|------------------------------------|--|--|

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

12-06-01  
N510PD  
Actt. 9497.7

#### Engine Inlet Filter Installation

Installed engine inlet air filtration system P/N 13691N-1 in accordance with INTEC Master Drawing List No. 1369-1001, Revision A dated February 2, 2001 and STC # SR00877SE.

Adjusted equipment list and weight and balance records to reflect this installation.

\*\*\*\*\* NOTHING FOLLOWS \*\*\*\*\*

|   |  |  |  |  |
|---|--|--|--|--|
| <b>RECEIVED</b><br>U.S. Department of Transportation<br>Federal Aviation Administration<br>BY |  | <b>MAJOR REPAIR AND ALTERATION</b><br>(Airframe, Powerplant, Propeller, or Appliance)<br>DEC 10 2001 |  | Form Approved<br>OMB No.2120-0020<br>For FAA Use Only<br>Office Identification<br>T-2-1 WIP-27 |
|---|--|--|--|--|

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

|                    |   |   |
|--------------------|---|---|
| <b>1. Aircraft</b> | Make<br>MDHC  | Model<br>369E                               |
|                    | Serial No.<br>0400E   | Nationality and Registration Mark<br>N510PD |
| <b>2. Owner</b>    | Name (As shown on registration certificate)<br>City of Oakland Police Dept.           |   |
|                    | Address (As shown on registration certificate)<br>456 7th Street<br>Oakland Ca. 94607 |   |

**3. For FAA Use Only**

|                               |                                |       |            |                |            |
|-------------------------------|--------------------------------|-------|------------|----------------|------------|
| <b>4. Unit Identification</b> |                                |       |            | <b>5. Type</b> |            |
| Unit                          | Make                           | Model | Serial No. | Repair         | Alteration |
| AIRFRAME                      | (As described in item 1 above) |       |            |                | X          |
| POWERPLANT                    |                                |       |            |                |            |
| PROPELLER                     |                                |       |            |                |            |
| APPLIANCE                     | Type                           |       |            |                |            |
|                               | Manufacturer                   |       |            |                |            |

**6. Conformity Statement**

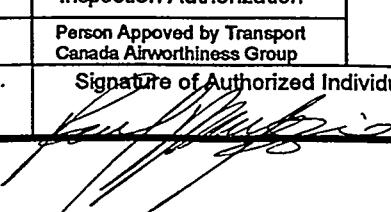
|  |  |   |                                       |
|--|--|---|---------------------------------------|
| <b>A. Agency's Name and Address</b><br>Big Valley Aviation Inc:<br>7535 S. Lindbergh St.<br>Stockton Ca. 95209 |  | <b>B. Kind of Agency</b><br><input type="checkbox"/> U.S. Certificated Mechanic<br><input type="checkbox"/> Foreign Certificated Mechanic<br><input checked="" type="checkbox"/> Certificated Repair Station<br><input type="checkbox"/> Manufacturer | <b>C. Certificate No.</b><br>WG3R944L |
|--|--|---|---------------------------------------|

**D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.**

|                  |                                    |  |
|------------------|------------------------------------|--|
| Date<br>12-06-01 | Signature of Authorized Individual |  |
|------------------|------------------------------------|--|

Paul McKenzie

**7. Approval for Return To Service**

|   |                             |   |                          |   |  |
|---|-----------------------------|---|--------------------------|---|--|
| Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED |                             |   |                          |   |  |
| <b>BY</b>   | FAA Pt. Standards Inspector | Manufacturer                                      | Inspection Authorization | Other (Specify)   |  |
|   | FAA Designee                | X   | Repair Station           |   |  |
| <b>Date of Approval or Rejection</b><br>12-06-01  |                             | <b>Certificate or Designation No.</b><br>WG3R944L |                          | <b>Signature of Authorized Individual</b><br> |  |

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

12-06-01  
N510PD  
Actt. 9497.7

Main Rotor Blade Installation.

Installed replacement Main Rotor Blades P/N 500P2100-101 revision E. In accordance with Helicopter Technology Company (HTC) Installation and Maintenance Instructions HTCM-001, Rev. N/C dated 4-02-96 and Master Drawing List MDL-2100-01, Rev. B, dated 5-31-96 or later FAA approved revision and STC # SR09074RC.

Weight and Balance Not Affected.

\*\*\*\*\* NOTHING FOLLOWS \*\*\*\*\*



U.S. Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved OMB  
No.2120-0020

For FAA Use Only

Office Identification

729. WP-27

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |       |   |      |
|-------------|--|-------|---|------|
| 1. Aircraft | Make   | MDHC  | Model   | 369E |
|             | Serial No.   | 0400E | Nationality and Registration Mark<br>N510PD   |      |
| 2. Owner    | Name (As shown on registration certificate)<br>City of Oakland<br>Police Helicopter Unit |       | Address (As shown on registration certificate)<br>455 7TH Street<br>Oakland Ca. 94607 |      |

**3. For FAA Use Only**

| 4. Unit Identification |  |       |            | 5. Type |            |
|------------------------|--|-------|------------|---------|------------|
| Unit                   | Make                                       | Model | Serial No. | Repair  | Alteration |
| AIRFRAME               | ~~~~~ (As described in item 1 above) ~~~~~ |       |            |         | X          |
| POWERPLANT             |  |       |            |         |            |
| PROPELLER              |  |       |            |         |            |
| APPLIANCE              | Type                                       |       |            |         |            |
|                        | Manufacturer                               |       |            |         |            |

**6. Conformity Statement**

|   |  |                               |                    |
|---|--|-------------------------------|--------------------|
| A. Agency's Name and Address  |  | B. Kind of Agency             | C. Certificate No. |
| Big Valley Aviation Inc.<br>7535 S. Lindbergh St.<br>Stockton Ca. 95206 |  | U.S. Certificated Mechanic    | WG3R944L           |
|   |  | Foreign Certificated Mechanic |                    |
|   |  | X Certificated Repair Station |                    |
|   |  | Manufacturer                  |                    |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Date  
05-02-00

Signature of Authorized Individual  
Paul McKenzie

**7. Approval for Return To Service**

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is

X APPROVED      REJECTED

|    |                              |                  |   |                 |
|----|------------------------------|------------------|---|-----------------|
| BY | FAA Fit. Standards Inspector | Manufacturer     | Inspection Authorization                                | Other (Specify) |
|    | FAA Designee                 | X Repair Station | Person Approved by Transport Canada Airworthiness Group |                 |

|   |  |   |
|---|--|---|
| Date of Approval or Rejection<br>05-02-00 | Certificate or Designation No.<br>WG3R944L | Signature of Authorized Individual<br>Paul McKenzie |
|---|--|---|

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

05-02-00  
ACTT. 8769.2  
N510PD

#### Pulse Light Installation

Installed Precise Flight Pulselite Control Unit Model 1220/2410-2 in the Landing / Taxi Recognition Visual Control Light system in accordance with the Pulselite Installation Manual #PPRI-2000 Revision 13 and STC# SH3319NM. Weight and Balance not affected. Mounted control unit at station 62.5 under left hand floor panel.

\*\*\*\*\* End Report \*\*\*\*\*

Additional Sheets Are Attached

RECEIVED  
OAKLAND F.S.D.O.



MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)

JUL 09 1998

Form Approved  
OMB No. 2120-0020

For FAA Use Only

Office Identification

WR27 OAK-FSDO *JRL*

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C.1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |   |
|-------------|--|---|
| 1. Aircraft | Make<br>MDHC   | Model<br>369E   |
|             | Serial No.<br>0400E  | Nationality and Registration Mark<br>N510PD   |
| 2. Owner    | Name (As shown on registration certificate)<br>City of Oakland<br>Police Helicopter Unit | Address (As shown on registration certificate)<br>455 7TH Street<br>Oakland Ca. 94607 |

3. For FAA Use Only

| 4. Unit Identification |                                |       | 5. Type    |        |
|------------------------|--------------------------------|-------|------------|--------|
| Unit                   | Make                           | Model | Serial No. | Repair |
| AIRFRAME               | (As described in item 1 above) |       |            |        |
| POWERPLANT             |                                |       |            | X      |
| PROPELLER              |                                |       |            |        |
| APPLIANCE              | Type                           |       |            |        |
|                        | Manufacturer                   |       |            |        |

6. Conformity Statement

|   |   |                                |
|---|---|--------------------------------|
| A. Agency's Name and Address<br>Big Valley Aviation<br>7535 South Lindbergh St.<br>Stockton Ca. 95206 | B. Kind of Agency<br>U.S. Certificated Mechanic | C. Certificate No.<br>WG3R944L |
|   | Foreign Certificated Mechanic                   |                                |
|   | X Certificated Repair Station                   |                                |
|   | Manufacturer                                    |                                |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|                |  |
|----------------|--|
| Date<br>6-5-98 | Signature of Authorized Individual<br><i>Paul McKenzie</i> |
|----------------|--|

7. Approval for Return To Service

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is

APPROVED  REJECTED

|    |                              |                |   |                 |
|----|------------------------------|----------------|---|-----------------|
| BY | FAA Fit. Standards Inspector | Manufacturer   | Inspection Authorization                                | Other (Specify) |
|    | X                            | Repair Station | Person Approved by Transport Canada Airworthiness Group |                 |

|   |  |  |
|---|--|--|
| Date of Approval or Rejection<br>6-5-98 | Certificate or Designation No.<br>WG3R944L | Signature of Authorized Individual<br><i>Paul McKenzie</i> |
|---|--|--|

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

6-5-98  
N510PD  
ACTT 7713.3

#### Pc Safety Valve Kit

Installed Aeronautical Accessories Inc. Compressor Discharge Pressure (Pc) Valve Kit P/N 250-951 Series for Allison 250-C20 Engine in accordance with Report # AA-92005 Revision Y dated July 9, 1997 and STC # SE5511NM.

Continued Airworthiness Instructions provided in the Maintenance and Inspection Instructions Section 3 of Report # AA-92005 Revision Y dated July 9, 1997.

Weight and Balance not Affected. Adjusted equipment List to reflect this installation.

\*\*\*\*\*  
End\*\*\*\*\*

Additional Sheets Are Attached



RECEIVED

OAKLAND F.S.D.O.

U.S. Department  
of Transportation  
Federal Aviation  
AdministrationMAJOR REPAIR AND ALTERATION  
APR 30 1999

(Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No.2120-0020

For FAA Use Only

Office Identification

T-29-WP27

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C.1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |  |  |
|-------------|--|--|
| 1. Aircraft | Make<br>MDHC   | Model<br>369E  |
|             | Serial No.<br>0400E  | Nationality and Registration Mark<br>N510PD  |
| 2. Owner    | Name (As shown on registration certificate)<br>City Of Oakland<br>Police Helicopter Unit | Address (As shown on registration certificate)<br>455 7TH. Street<br>Oakland CA. 94607 |

## 3. For FAA Use Only

| 4. Unit Identification |                                |       | 5. Type    |        |
|------------------------|--------------------------------|-------|------------|--------|
| Unit                   | Make                           | Model | Serial No. | Repair |
| AIRFRAME               | (As described in item 1 above) |       |            | X      |
| POWERPLANT             |                                |       |            |        |
| PROPELLER              |                                |       |            |        |
| APPLIANCE              | Type                           |       |            |        |
|                        | Manufacturer                   |       |            |        |

## 6. Conformity Statement

|   |   |                                |
|---|---|--------------------------------|
| A. Agency's Name and Address<br>Big Valley Aviation Inc.<br>7535 S. Lindbergh ST.<br>Stockton CA. 95206 | B. Kind of Agency<br>U.S. Certificated Mechanic<br>Foreign Certificated Mechanic<br>X Certificated Repair Station<br>Manufacturer | C. Certificate No.<br>WG3R944L |
|---|---|--------------------------------|

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|                 |  |
|-----------------|--|
| Date<br>4-22-98 | Signature of Authorized Individual<br> |
|-----------------|--|

## 7. Approval for Return To Service

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is

 APPROVED REJECTED

|    |                              |                |   |                 |
|----|------------------------------|----------------|---|-----------------|
| BY | FAA Fit. Standards Inspector | Manufacturer   | Inspection Authorization                                | Other (Specify) |
|    | X                            | Repair Station | Person Approved by Transport Canada Airworthiness Group |                 |

|  |  |  |
|--|--|--|
| Date of Approval or Rejection<br>4-22-98 | Certificate or Designation No.<br>WG3R944L | Signature of Authorized Individual<br> |
|--|--|--|

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

4-22-98  
N510PD  
ACTT. 7613.4

Installed Tech-Tool Plastics Inc.rubber mounted crew windows P/N 369-4505-42 and-43 inaccordance with Tech-Tool Plastics, Inc. Drawing 369-4505, Rev. B, dated 8-23-94, and STC# 8719SW.

Weight and Balance change is negligible. Weight and Balance is not affected.

Installed Rapid Removal Door Hinge System inaccordance with Certified Technology Installation Instructions CT9602-1 Revision A, dated July 24, 1997 and STC# SR00409SE.

Adjusted Weight and Balance data to reflect this installation.

Revised Equipment list.

\*\*\*\*\*End\*\*\*\*\*

MAY 20 1997

CAB

Form Approved  
OMB No. 2120-0020

For FAA Use Only

Office Identification  
W P 27 743MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)US Department  
of Transportation  
Federal Aviation  
Administration

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This form is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

|             |  |  |
|-------------|--|--|
| 1. Aircraft | Make<br>McDonnell Douglas  | Model<br>369E  |
|             | Serial No.<br>SERIAL NO. 0400E   | Nationality and Registration Mark<br>N510PD  |
| 2. Owner    | Name (As shown on registration certificate)<br>City of Oakland Police Depart | Address (As shown on registration certificate)<br>456 7th Street Helicopter Avn<br>Oakland, CA 94607 |

## 3. For FAA Use Only

The data identified herein complies with the applicable airworthiness requirements and is approved for the above described aircraft, subject to conformity inspection by a person authorized in FAR 43, Section 43.7

04-09-97 *John B. Stoen*  
DATE SIGNATURE OAK-FSDO

| 4. Unit Identification |                                |       | 5. Type    |        |            |
|------------------------|--------------------------------|-------|------------|--------|------------|
| Unit                   | Make                           | Model | Serial No. | Repair | Alteration |
| AIRFRAME               | (As described in item 1 above) |       |            |        | X          |
| POWERPLANT             |                                |       |            |        |            |
| PROPELLER              |                                |       |            |        |            |
| APPLIANCE              | Type                           |       |            |        |            |
|                        | Manufacturer                   |       |            |        |            |

## 6. Conformity Statement

| A. Agency's Name and Address   |  | B. Kind of Agency             | C. Certificate No.   |
|--|--|-------------------------------|--|
| Bay Avionics, Inc<br>Bay Avionics, Inc<br>Oakland Int'l Airport<br>Oakland, CA 94603 |  | U.S. Certificated Mechanic    | WK3R948L<br>Inst Class 1,3,4<br>Radio Class 1,2,3<br>Limited A/F |
|  |  | Foreign Certificated Mechanic |  |
|  |  | Certificated Repair Station   |  |
|  |  | Manufacturer                  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|                        |  |  |  |
|------------------------|--|--|--|
| Date<br><i>5/23/97</i> | Signature of Authorized Individual<br><i>Leslie J. Peterson</i><br>Bay Avionics, Inc |  |  |
|------------------------|--|--|--|

## 7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|    |                              |                  |   |                 |
|----|------------------------------|------------------|---|-----------------|
| BY | FAA Fit. Standards Inspector | Manufacturer     | Inspection Authorization                                  | Other (Specify) |
|    | FAA Designee                 | X Repair Station | Person Approved by Transport Canadian Airworthiness Group |                 |

|   |  |   |
|---|--|---|
| Date of Approval or Rejection<br><i>5/23/97</i> | Certificate or Designation No.<br>WK3R948L | Signature of Authorized Individual<br><i>Leslie J. Peterson</i> |
|---|--|---|

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

The existing II Morrow Apollo 618C Loran Receiver and Loran Antenna were removed from this aircraft.

A II Morrow Model 360 GPS Receiver and A-33 GPS Antenna were installed in this aircraft. The 360 GPS Receiver was installed in the instrument panel in place of the removed Loran Receiver. The A-33 GPS Antenna was mounted in place of the removed Loran Antenna using the existing doubler. The 360 GPS Receiver was installed as a stand alone unit with no navigation interface.

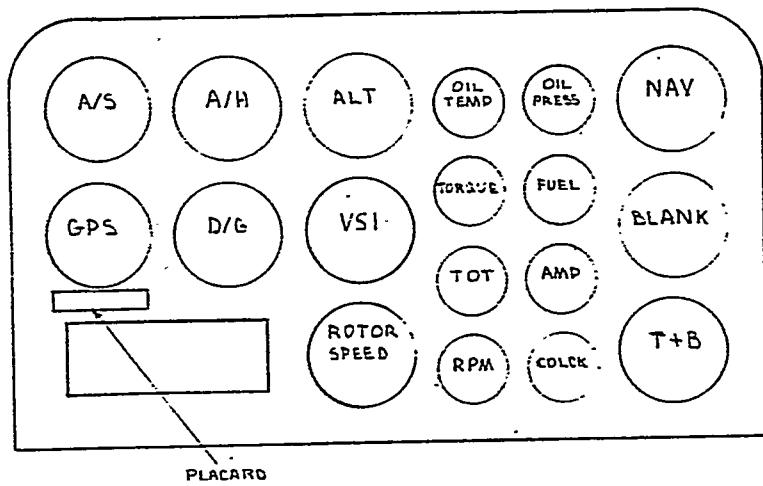
This installation was conducted in accordance with II Morrow Installation Guide No. 560-0124-00, rev. A, dated May 1995, and within the guidelines set forth by FAA A43.13-2A, Chapter 2 & 3 and AC 20-138, sections 7.b and 7.c (2).

The II Morrow Apollo 360 GPS Receiver has been previously installed in a Partenavia P-68 series aircraft and approved for VFR use per Supplemental Type Certificate No. SA 00146SE.

The aircraft instrument panel was placarded "GPS Limited to VFR Use Only." This placard was installed below the II Morrow 360 GPS unit. See Bay Avionics Drawing BA040897-001 for installation details.

The pilot was provided a copy of the II Morrow Apollo 360 GPS Receiver User Guide, P/N 560-0123-00 dated October 1994.

The aircraft weight and balance and equipment list were amended to reflect this change.



### BAY AVIONICS INC.

|                               |              |                                |
|-------------------------------|--------------|--------------------------------|
| SCALE:                        | APPROVED BY: | DRAWN BY                       |
| DATE: 4-8-97                  |              | REVISED                        |
| PLACARD LOCATION A510 PD      |              |                                |
| McDonnell Douglas 369E N510PD |              | DRAWING NUMBER<br>BA040897-DC1 |





US Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020

For FAA Use Only

Office Identification

WP-27 T.V.G.

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

|             |  |  |
|-------------|--|--|
| 1. Aircraft | Make<br><i>MANC</i>  | Model<br><i>369E</i>   |
|             | Serial No.<br><i>40061E</i>  | Nationality and Registration Mark<br><i>NS10 PD</i>  |
| 2. Owner    | Name (As shown on registration certificate)<br><i>CITY OF OAKLAND<br/>POLICE HELICOPTER UNIT</i> | Address (As shown on registration certificate)<br><i>455 7TH STREET<br/>OAKLAND, CA, 94607</i> |

**3. For FAA Use Only**

The data identified herein complies with the applicable airworthiness requirements and is approved for the above described aircraft, subject to conformity inspection by a person authorized in FAR 43, Section 43.7

*5-4-97 T.V.G.* *WP-27*  
DATE SIGNATURE OAK-FSDO

| 4. Unit Identification |   |       |            | 5. Type |            |
|------------------------|---|-------|------------|---------|------------|
| Unit                   | Make  | Model | Serial No. | Repair  | Alteration |
| AIRFRAME               | <i>~~~~~(As described in Item 1 above)~~~~~</i> |       |            |         | <i>X</i>   |
| POWERPLANT             |   |       |            |         |            |
| PROPELLER              |   |       |            |         |            |
| APPLIANCE              | Type  |       |            |         |            |
|                        | Manufacturer                                    |       |            |         |            |

**6. Conformity Statement**

|   |   |                                       |
|---|---|---------------------------------------|
| A. Agency's Name and Address<br><i>BIG VALLEY AVIATION<br/>9625 EARHART RD<br/>OAKLAND, CA, 94621</i> | B. Kind of Agency<br><input checked="" type="checkbox"/> U.S. Certificated Mechanic<br><input type="checkbox"/> Foreign Certificated Mechanic<br><input checked="" type="checkbox"/> Certificated Repair Station<br><input type="checkbox"/> Manufacturer | C. Certificate No.<br><i>WG30944L</i> |
|---|---|---------------------------------------|

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|                         |  |
|-------------------------|--|
| Date<br><i>5 MAY 97</i> | Signature of Authorized Individual<br><i>Paul T. Lungeford</i> <i>08</i> |
|-------------------------|--|

**7. Approval for Return To Service**

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

|  |   |  |   |                 |
|--|---|--|---|-----------------|
| BY   | FAA Ft. Standards Inspector                       | Manufacturer   | Inspection Authorization                                | Other (Specify) |
|  | FAA Designee                                      | <input checked="" type="checkbox"/> Repair Station             | Person Approved by Transport Canada Airworthiness Group |                 |
| Date of Approval or Rejection<br><i>8 MAY 97</i> | Certificate or Designation No.<br><i>WG30944L</i> | Signature of Authorized Individual<br><i>Paul T. Lungeford</i> |   |                 |

## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

INSTALLED PRECISION AVIATION INC. VERTICAL CARD  
COMPASS MODEL NUMBER PAV-700 IN ACCORDANCE  
WITH P.A.I. INSTALLATION BULLETIN DATED 23 APRIL 50.  
ALL WORK PERFORMED IN ACCORDANCE WITH AC 43.13-  
1A, CHANGE THREE, CHAPTER 2, SECTION 3, PAGE 51,  
PARA. 99(c)(d)(i) AND FIGURE 2.29, PAGE 65. WEIGHT  
AND BALANCE NOT AFFECTED. WEIGHT OF OLD UNIT IS 14  
OZ<sup>15</sup>, WEIGHT OF NEW UNIT IS 11 OZ<sup>15</sup>. MOUNTING IS  
AT FUSELAGE STATION 50.5 (FACTORY LOCATION). LIGHTING  
SYSTEM WIRING WAS NOT REFERRED. EQUIPMENT LIST WAS  
UP-DATED.

NOTHING FOLLOWS



US Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020

For FAA Use Only

Office Identification

WP-27 - 203

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

|             |  |  |
|-------------|--|--|
| 1. Aircraft | Make<br><i>MDHC</i>  | Model<br><i>369E</i>   |
|             | Serial No.<br><i>40002</i>   | Nationality and Registration Mark<br><i>N510PD</i>   |
| 2. Owner    | Name (As shown on registration certificate)<br><i>CITY OF OAKLAND<br/>POLICE DEPT. HELICOPTER UNIT</i> | Address (As shown on registration certificate)<br><i>455 7TH STREET<br/>OAKLAND, CA, 94607</i> |

3. For FAA Use Only

| 4. Unit Identification |   |       |            | 5. Type |            |
|------------------------|---|-------|------------|---------|------------|
| Unit                   | Make  | Model | Serial No. | Repair  | Alteration |
| AIRFRAME               | <i>~~~~~(As described in Item 1 above)~~~~~</i> |       |            |         | <i>X</i>   |
| POWERPLANT             |   |       |            |         |            |
| PROPELLER              |   |       |            |         |            |
| APPLIANCE              | Type  |       |            |         |            |
|                        | Manufacturer                                    |       |            |         |            |

6. Conformity Statement

|   |  |                               |  |
|---|--|-------------------------------|--|
| A. Agency's Name and Address  |  | B. Kind of Agency             | C. Certificate No.   |
| <i>Big Valley Aviation, Inc.<br/>FAA Repair Station No. WG3D944L<br/>9625 EARNHARDT RD, OAKLAND, CA 94621</i> |  | U.S. Certificated Mechanic    | <i>Big Valley Aviation, Inc.<br/>FAA Repair Station No. WG3D944L</i> |
|   |  | Foreign Certificated Mechanic |  |
|   |  | Certificated Repair Station   |  |
|   |  | Manufacturer                  |  |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|                   |                                    |  |  |
|-------------------|------------------------------------|--|--|
| Date              | Signature of Authorized Individual |  |  |
| <i>18 SEPT 96</i> | <i>J. H. Hungayford / 058</i>      |  |  |

7. Approval for Return To Service

|   |  |                                    |   |                 |
|---|--|------------------------------------|---|-----------------|
| Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED |  |                                    |   |                 |
| BY  | FAA Fit. Standards Inspector   | Manufacturer                       | Inspection Authorization                                | Other (Specify) |
|   | FAA Designee   | Repair Station                     | Person Approved by Transport Canada Airworthiness Group |                 |
| Date of Approval or Rejection   | Certificate or<br><i>Big Valley Aviation No.<br/>FAA Repair Station No. WG3D944L</i> | Signature of Authorized Individual |   |                 |
| <i>18 SEPT 96</i>   |  | <i>Paul H. Hungayford / 058</i>    |   |                 |

## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

INSTALLED TECH-TOOL PLASTICS, INC.  
RUBBER MOUNTED PASSENGER WINDOW I10/w  
TECH TOOL PLASTICS, INC. DRAWING 369-3506  
REV. 'E' DATED 11-09-93 PER STC SN86395W  
EQUIPMENT LIST UP-DATED. WEIGHT AND BALANCE  
NOT AFFECTED.

NOTHING FOLLOWS

Additional Sheets Are Attached

United States of America  
Department of Transportation — Federal Aviation Administration  
**Supplemental Type Certificate**

Number SH8639SW

This certificate, issued to Tech-Tool Plastics, Inc.  
7800 Skyline Park Dr.  
Fort Worth, TX 76108

certifies that the change in the type design for the following product with the limitations and conditions  
hereinafter specified hereon meets the airworthiness requirements of Part 6 of the Civil Air  
Regulations.

Original Product — Type Certificate Number: H3WE

Make: McDonnell Douglas Helicopter Company  
Model: 369A, D, E, F, FF, H, HM, HS, HE, and  
500N

Description of Type Design Change:

Installation of an aft door window in accordance with Tech-Tool  
Plastics, Inc., drawing 369-3506, Rev. E, dated 11-09-93, or  
later FAA approved revision.

Limitations and Conditions:

Compatibility of this modification with previously installed  
equipment must be determined by installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until sum-  
mered, suspended, revoked, or a termination date is otherwise established by the Administrator of the  
Federal Aviation Administration.

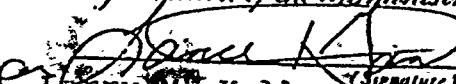
Date of application: May 8, 1992

Date issued:

Date of issuance: May 13, 1993

Date amended 12/21/93 Rev. 1

By direction of the Administrator

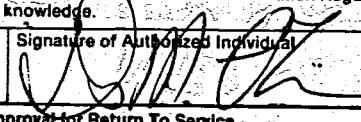
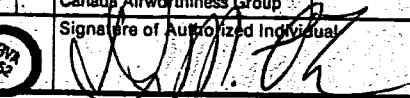
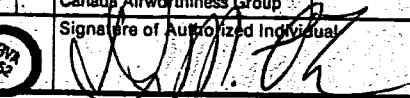
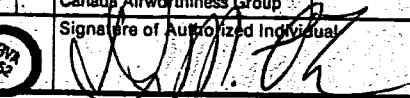
  
Larry M. Kelly, Manager  
Rotorcraft Certification Office

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 5 years, or both.

This certificate may be transferred in accordance with FAR 21.47.



W244  
MF

|  |  |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
|--|--|--|--|---------|--|------------------------------|-------------------|--------------------------|--|--|--|--------------|--------------------------------|---|--|---------|----------|-------------------------------|--------------------------------|------------------------------------|--|--------|----------|-----------|-------|--|--|--------|----------|-----------|------|--|--|--|--------|--------------|--|--|--|--|
| <br>U.S. Department of Transportation<br>Federal Aviation Administration  |  |  | MAJOR REPAIR AND ALTERATION<br>(Airframe, Powerplant, Propeller, or Appliance) |         | Form Approved<br>OMB No. 2120-0020<br>For FAA Use Only<br>Office Identification<br>NR-27 |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| <b>INSTRUCTIONS:</b> Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).  |  |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| 1. Aircraft  | Make   | Model  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
|  | MDHC   | 367E   |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| 2. Owner   | Serial No.   | Nationality and Registration Mark  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
|  | 0400E  | NS10P0   |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| Name (As shown on registration certificate)  |  | Address (As shown on registration certificate)                                       |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| O.P.D., OAKLAND Police Dept., Oakland Airport  |  |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| 3. For FAA Use Only  |  |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| <b>4. Unit Identification</b> <table border="1" style="width: 100%;"> <tr> <td>Unit</td> <td>Make</td> <td>Model</td> <td>Serial No.</td> <td>Repair</td> <td>Alteration</td> </tr> <tr> <td>AIRFRAME</td> <td colspan="3">(As described in Item 1 above)</td> <td>162-116</td> <td>RECEIVED</td> </tr> <tr> <td>POWERPLANT</td> <td colspan="3"></td> <td>16-116</td> <td>RECEIVED</td> </tr> <tr> <td>PROPELLER</td> <td colspan="3"></td> <td>16-116</td> <td>RECEIVED</td> </tr> <tr> <td rowspan="2">APPLIANCE</td> <td>Type</td> <td colspan="3"></td> <td>16-116</td> </tr> <tr> <td>Manufacturer</td> <td colspan="3"></td> <td></td> </tr> </table> |  |  |  |         |  | Unit                         | Make              | Model                    | Serial No.   | Repair   | Alteration   | AIRFRAME     | (As described in Item 1 above) |   |  | 162-116 | RECEIVED | POWERPLANT                    |                                |                                    |  | 16-116 | RECEIVED | PROPELLER |       |  |  | 16-116 | RECEIVED | APPLIANCE | Type |  |  |  | 16-116 | Manufacturer |  |  |  |  |
| Unit   | Make   | Model  | Serial No.   | Repair  | Alteration   |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| AIRFRAME   | (As described in Item 1 above)   |  |  | 162-116 | RECEIVED   |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| POWERPLANT   |  |  |  | 16-116  | RECEIVED   |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| PROPELLER  |  |  |  | 16-116  | RECEIVED   |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| APPLIANCE  | Type   |  |  |         | 16-116   |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
|  | Manufacturer   |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| <b>5. Type</b>   |  |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| <b>6. Conformity Statement</b> <table border="1" style="width: 100%;"> <tr> <td>A. Agency's Name and Address</td> <td>B. Kind of Agency</td> <td>C. Certificate No.</td> </tr> <tr> <td>Big Valley Aviation<br/>P.O. Box 4112<br/>Oakland, Ca. 94614</td> <td> <input checked="" type="checkbox"/> U.S. Certificated Mechanic<br/> <input type="checkbox"/> Foreign Certificated Mechanic<br/> <input checked="" type="checkbox"/> Certificated Repair Station<br/> <input type="checkbox"/> Manufacturer         </td> <td>           Big Valley Aviation, Inc.<br/>           FAA Repair Station No. WG3D9441         </td> </tr> </table>                 |  |  |  |         |  | A. Agency's Name and Address | B. Kind of Agency | C. Certificate No.       | Big Valley Aviation<br>P.O. Box 4112<br>Oakland, Ca. 94614 | <input checked="" type="checkbox"/> U.S. Certificated Mechanic<br><input type="checkbox"/> Foreign Certificated Mechanic<br><input checked="" type="checkbox"/> Certificated Repair Station<br><input type="checkbox"/> Manufacturer | Big Valley Aviation, Inc.<br>FAA Repair Station No. WG3D9441 |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| A. Agency's Name and Address   | B. Kind of Agency  | C. Certificate No.   |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| Big Valley Aviation<br>P.O. Box 4112<br>Oakland, Ca. 94614   | <input checked="" type="checkbox"/> U.S. Certificated Mechanic<br><input type="checkbox"/> Foreign Certificated Mechanic<br><input checked="" type="checkbox"/> Certificated Repair Station<br><input type="checkbox"/> Manufacturer | Big Valley Aviation, Inc.<br>FAA Repair Station No. WG3D9441                         |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| <b>D.</b> I certify that the repair and/or alteration made to the unit(s) identified in Item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.  |  |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| Date   | Signature of Authorized Individual   |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| 7-15-92  |    |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| <b>7. Approval for Return To Service</b>   |  |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| Pursuant to the authority given persons specified below, the unit identified in Item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED  |  |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| <table border="1" style="width: 100%;"> <tr> <td>FAA Fit. Standards Inspector</td> <td>Manufacturer</td> <td>Inspection Authorization</td> <td colspan="3">Other (Specify)</td> </tr> <tr> <td>FAA Designee</td> <td>Repair Station</td> <td>Person Approved by Transport Canada Airworthiness Group</td> <td colspan="3"></td> </tr> <tr> <td>Date of Approval or Rejection</td> <td>Certificate or Designation No.</td> <td colspan="4">Signature of Authorized Individual</td> </tr> <tr> <td>7-15-92</td> <td>8A 43</td> <td colspan="4">  </td> </tr> </table>      |  |  |  |         |  | FAA Fit. Standards Inspector | Manufacturer      | Inspection Authorization | Other (Specify)  |  |  | FAA Designee | Repair Station                 | Person Approved by Transport Canada Airworthiness Group |  |         |          | Date of Approval or Rejection | Certificate or Designation No. | Signature of Authorized Individual |  |        |          | 7-15-92   | 8A 43 |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| FAA Fit. Standards Inspector   | Manufacturer   | Inspection Authorization   | Other (Specify)  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| FAA Designee   | Repair Station   | Person Approved by Transport Canada Airworthiness Group                              |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| Date of Approval or Rejection  | Certificate or Designation No.   | Signature of Authorized Individual   |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |
| 7-15-92  | 8A 43  |  |  |         |  |                              |                   |                          |  |  |  |              |                                |   |  |         |          |                               |                                |                                    |  |        |          |           |       |  |  |        |          |           |      |  |  |  |        |              |  |  |  |  |

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished  
(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

Installed 4 EA Door openers J.A.W. Aeronautical  
Accessories S.T.C. \$4307650. Revised A/C weight &  
Balance. see flight manual.

End

Additional Sheets Are Attached

| APPLICATION FOR<br>AIRWORTHINESS<br>CERTIFICATE   |   |   |   | INSTRUCTIONS — Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use an attachment. For special flight permits complete Sections II and VI or VII as applicable. |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
|---|---|---|---|--|---------------------------------|---|--------------------|--|---------|---|--|---|--|---------------------------|--|--|------------------------------|--|---------|---|--|--|--|--|--|---|----------|--|--|--|--|---|--|---|------------------------------|--------------------------------------|------------------|---|--------------------|---|--|---|--------------------------------|---------------------|------------|---------|-----------------|--|--|---|-------------------|----|-----------------|--|--|---|--|----|--------------------------|----|---------------|----|------------|--|--|-----------------------------|--------|---|---------------|-------------|--|--|--|----|-----------------------------|--|--|--|--|---------------------------------------|--|---|---|--------------------------------------|--|--|--|--|--|----|--|--|--|--|--|--|--|----|---|--|--|--|--|---|--|---|----------------------|---|---------------------------|--|--|--|--|----|--------------------------------|--|--|--|--|------|--|-------|--|-----------|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------|--|--------------|--|--|--|--|--|---------------------------|--|--------|--|---------------------|--|---------|--|--|--|--|--|--|--|--|--|---------------------|--|-----------------------------|--|---|--|---------------------------|--|
| I. AIRCRAFT<br>DESCRIPTION  | 1. REGISTRATION MARK<br>N510PD  | 2. AIRCRAFT BUILDER'S NAME (Make)<br>McDonnell Douglas<br>Helicopter Company                            | 3. AIRCRAFT MODEL DESIGNATION<br>369E HELICOPTER              | 4. YR. MFR<br>1990   | 5. AIRCRAFT COADING<br>302 7369 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
|   | 5. AIRCRAFT SERIAL NO.<br>0400E   | 6. ENGINE BUILDER'S NAME (Make)<br>Allison  | 7. ENGINE MODEL DESIGNATION<br>250-C20B                       |  |                                 | 6. AIRCRAFT COADING<br>03020                    |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
|   | 8. NUMBER OF ENGINES<br>One (1)   | 9. PROPELLER BUILDER'S NAME (Make)<br>N/A   | 10. PROPELLER MODEL DESIGNATION<br>N/A                        |  |                                 | 11. AIRCRAFT IS (Check if applicable)<br>IMPORT |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
|   | APPLICATION IS HEREBY MADE FOR (Check applicable items)   |   |   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| A 1   | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category) <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> GLIDER <input type="checkbox"/> BALLOON |   |   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| B 1   | SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)   |   |   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| <table border="1"> <tr> <td>2</td> <td>LIMITED</td> <td colspan="6"></td> </tr> <tr> <td>3</td> <td>PROVISIONAL (Indicate class)</td> <td>1</td> <td>CLASS I</td> <td colspan="4"></td> </tr> <tr> <td>4</td> <td>RESTRICTED (Indicate operation(s) to be conducted)</td> <td>2</td> <td>CLASS II</td> <td colspan="4"></td> </tr> <tr> <td>5</td> <td>EXPERIMENTAL (Indicate operation(s) to be conducted)</td> <td>3</td> <td>AGRICULTURE AND PEST CONTROL</td> <td>4</td> <td>AERIAL SURVEYING</td> <td>5</td> <td>AERIAL ADVERTISING</td> </tr> <tr> <td>6</td> <td></td> <td>6</td> <td>FOREST (Wildlife conservation)</td> <td>7</td> <td>PATROLLING</td> <td>8</td> <td>WEATHER CONTROL</td> </tr> <tr> <td>7</td> <td></td> <td>9</td> <td>CARRIAGE OF CARGO</td> <td>10</td> <td>OTHER (Specify)</td> <td colspan="2"></td> </tr> <tr> <td>8</td> <td></td> <td>11</td> <td>RESEARCH AND DEVELOPMENT</td> <td>12</td> <td>AMATEUR BUILT</td> <td>13</td> <td>EXHIBITION</td> </tr> <tr> <td>9</td> <td></td> <td>14</td> <td>RACING</td> <td>15</td> <td>CREW TRAINING</td> <td colspan="2">MKT. SURVEY</td> </tr> <tr> <td>10</td> <td></td> <td>16</td> <td>TO SHOW COMPLIANCE WITH FAR</td> <td colspan="4"></td> </tr> <tr> <td>11</td> <td></td> <td>17</td> <td>FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE OR STORAGE</td> <td colspan="4"></td> </tr> <tr> <td>12</td> <td></td> <td>18</td> <td>EVACUATE FROM AREA OF IMPENDING DANGER</td> <td colspan="4"></td> </tr> <tr> <td>13</td> <td></td> <td>19</td> <td>OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT</td> <td colspan="4"></td> </tr> <tr> <td>14</td> <td></td> <td>20</td> <td>DELIVERING OR EXPORT</td> <td>21</td> <td>PRODUCTION FLIGHT TESTING</td> <td colspan="2"></td> </tr> <tr> <td>15</td> <td></td> <td>22</td> <td>CUSTOMER DEMONSTRATION FLIGHTS</td> <td colspan="4"></td> </tr> </table>  |   |   |   |  |                                 |   |                    | 2  | LIMITED |   |  |   |  |                           |  | 3  | PROVISIONAL (Indicate class) | 1  | CLASS I |   |  |  |  | 4  | RESTRICTED (Indicate operation(s) to be conducted) | 2 | CLASS II |  |  |  |  | 5   | EXPERIMENTAL (Indicate operation(s) to be conducted) | 3   | AGRICULTURE AND PEST CONTROL | 4                                    | AERIAL SURVEYING | 5 | AERIAL ADVERTISING | 6   |  | 6   | FOREST (Wildlife conservation) | 7                   | PATROLLING | 8       | WEATHER CONTROL | 7  |  | 9 | CARRIAGE OF CARGO | 10 | OTHER (Specify) |  |  | 8   |  | 11 | RESEARCH AND DEVELOPMENT | 12 | AMATEUR BUILT | 13 | EXHIBITION | 9  |  | 14                          | RACING | 15  | CREW TRAINING | MKT. SURVEY |  | 10   |  | 16 | TO SHOW COMPLIANCE WITH FAR |  |  |  |  | 11                                    |  | 17  | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE OR STORAGE |                                      |  |  |  | 12   |  | 18 | EVACUATE FROM AREA OF IMPENDING DANGER |  |  |  |  | 13   |  | 19 | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT |  |  |  |  | 14  |  | 20  | DELIVERING OR EXPORT | 21  | PRODUCTION FLIGHT TESTING |  |  | 15   |  | 22 | CUSTOMER DEMONSTRATION FLIGHTS |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 2   | LIMITED   |   |   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 3   | PROVISIONAL (Indicate class)  | 1   | CLASS I   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 4   | RESTRICTED (Indicate operation(s) to be conducted)  | 2   | CLASS II  |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 5   | EXPERIMENTAL (Indicate operation(s) to be conducted)  | 3   | AGRICULTURE AND PEST CONTROL                                  | 4  | AERIAL SURVEYING                | 5   | AERIAL ADVERTISING |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 6   |   | 6   | FOREST (Wildlife conservation)                                | 7  | PATROLLING                      | 8   | WEATHER CONTROL    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 7   |   | 9   | CARRIAGE OF CARGO   | 10   | OTHER (Specify)                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 8   |   | 11  | RESEARCH AND DEVELOPMENT                                      | 12   | AMATEUR BUILT                   | 13  | EXHIBITION         |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 9   |   | 14  | RACING  | 15   | CREW TRAINING                   | MKT. SURVEY                                     |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 10  |   | 16  | TO SHOW COMPLIANCE WITH FAR                                   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 11  |   | 17  | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE OR STORAGE |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 12  |   | 18  | EVACUATE FROM AREA OF IMPENDING DANGER                        |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 13  |   | 19  | OPERATION IN EXCESS OF MAXIMUM CERTIFICATED TAKE-OFF WEIGHT   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 14  |   | 20  | DELIVERING OR EXPORT  | 21   | PRODUCTION FLIGHT TESTING       |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| 15  |   | 22  | CUSTOMER DEMONSTRATION FLIGHTS                                |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
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| X AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>H3WE Rev. 14   |   | X AIRWORTHINESS DIRECTIVES (Check if all applicable AD's complied with and give latest AD No.)<br>90-11 |   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| AIRCRAFT LISTING (Give page number(s))<br>N/A   |   | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)<br>N/A                             |   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
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| A. I find that the aircraft described in Section I or VI meets requirements for: <input checked="" type="checkbox"/> THE CERTIFICATE REQUESTED  |   |   |   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| B. Inspection for a special flight permit under Section VII: <input type="checkbox"/> AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |   |   |   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| FAA INSPECTOR   |   | FAA DESIGNEE  |   |  |                                 |   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| CERTIFICATE HOLDER UNDER:   |   | FAR 65  |   | FAR 121, 127 or 135  |                                 | FAR 145   |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| <table border="1"> <tr> <td colspan="2">DATE<br/>AUG 10 1990</td> <td colspan="2">DISTRICT OFFICE<br/>PHX-MISO</td> <td colspan="2">DESIGNEE'S SIGNATURE AND NO.<br/><i>Robert J. Schaefer</i><br/>DMIR NM 62</td> <td colspan="2">FAA INSPECTOR'S SIGNATURE</td> </tr> </table>  |   |   |   |  |                                 |   |                    | DATE<br>AUG 10 1990  |         | DISTRICT OFFICE<br>PHX-MISO                               |  | DESIGNEE'S SIGNATURE AND NO.<br><i>Robert J. Schaefer</i><br>DMIR NM 62 |  | FAA INSPECTOR'S SIGNATURE |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |
| DATE<br>AUG 10 1990   |   | DISTRICT OFFICE<br>PHX-MISO   |   | DESIGNEE'S SIGNATURE AND NO.<br><i>Robert J. Schaefer</i><br>DMIR NM 62  |                                 | FAA INSPECTOR'S SIGNATURE                       |                    |  |         |   |  |   |  |                           |  |  |                              |  |         |   |  |  |  |  |  |   |          |  |  |  |  |   |  |   |                              |                                      |                  |   |                    |   |  |   |                                |                     |            |         |                 |  |  |   |                   |    |                 |  |  |   |  |    |                          |    |               |    |            |  |  |                             |        |   |               |             |  |  |  |    |                             |  |  |  |  |                                       |  |   |   |                                      |  |  |  |  |  |    |  |  |  |  |  |  |  |    |   |  |  |  |  |   |  |   |                      |   |                           |  |  |  |  |    |                                |  |  |  |  |      |  |       |  |           |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |              |  |  |  |  |  |                           |  |        |  |                     |  |         |  |  |  |  |  |  |  |  |  |                     |  |                             |  |   |  |                           |  |

|   |  |   |         |
|---|--|---|---------|
| VI. PRODUCTION FLIGHT TESTING   |  | A. MANUFACTURER   |         |
|   |  | NAME  | ADDRESS |
| B. PRODUCTION BASIS (Check applicable item)   |  | PRODUCTION CERTIFICATE (Give production certificate number)   |         |
|   |  | TYPE CERTIFICATE ONLY   |         |
|   |  | APPROVED PRODUCTION INSPECTION SYSTEM   |         |
| C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS   |  | DATE OF APPLICATION   |         |
|   |  | NAME AND TITLE (Print or type)  |         |
| D. DESCRIPTION OF AIRCRAFT  |  | SIGNATURE   |         |
|   |  | REGISTERED OWNER  | ADDRESS |
| E. BUILDER (Make)   |  | MODEL   |         |
|   |  | SERIAL NUMBER   |         |
| F. DESCRIPTION OF FLIGHT  |  | REGISTRATION MARK   |         |
|   |  | CUSTOMER DEMONSTRATION FLIGHTS <input type="checkbox"/> (Check if applicable)   |         |
| G. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT  |  | FROM  |         |
|   |  | TO  |         |
| H. PILOT  |  | VIA   |         |
|   |  | DEPARTURE DATE  |         |
| I. CO-PILOT   |  | DURATION  |         |
|   |  | J. NAVIGATOR  |         |
| K. OTHER (Specify)  |  |   |         |
|   |  | L. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:   |         |
| M. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION (Use attachment if necessary) |  |   |         |
|   |  | N. F. CERTIFICATION — I hereby certify that I am the registered owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Section 501 of the Federal Aviation Act of 1958, and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is airworthy for the flight described. |         |
| O. DATE   |  |   |         |
| P. NAME AND TITLE (Print or type)   |  |   |         |
| Q. SIGNATURE  |  |   |         |
| R. VIII. AIRWORTHINESS DOCUMENTATION (FAA use only)   |  | S. A. Operating Limitations and Markings in Compliance with FAR 91.31 as Applicable   |         |
|   |  | T. G. Statement of Conformity, FAA Form 8130-9 (Attach when required)   |         |
| U. B. Current Operating Limitations Attached  |  | V. H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)  |         |
|   |  | W. I. Previous Airworthiness Certificate Issued in Accordance with FAR _____ CAR _____ (Original Attached)  |         |
| X. C. Data, Drawings, Photographs, etc. (Attach when required)  |  | Y. J. Current Airworthiness Certificate Issued in Accordance with FAR 21.183 (a) (Copy attached)  |         |
|   |  | Z. D. Current Weight and Balance Information Available in Aircraft  |         |
| A. E. Major Repair and Alteration, FAA Form 337 (Attach when required)                                  |  | B. F. This Inspection Recorded in Aircraft Records  |         |
|   |  | C. X  |         |

UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION—FEDERAL AVIATION ADMINISTRATION  
**STANDARD AIRWORTHINESS CERTIFICATE**

|  |  |   |                             |
|--|--|---|-----------------------------|
| NATIONALITY AND<br>REGISTRATION MARKS<br><b>N510PD</b> | 2 MANUFACTURER AND MODEL<br><b>McDONNELL DOUGLAS<br/>HELICOPTER COMPANY 369E</b> | 3 AIRCRAFT SERIAL<br>NUMBER<br><b>0406E</b> | 4 CATEGORY<br><b>NORMAL</b> |
|--|--|---|-----------------------------|

AUTHORITY AND BASIS FOR ISSUANCE

This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

**NONE**

TERMS AND CONDITIONS

Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

|  |   |   |
|--|---|---|
| DATE OF ISSUANCE<br><b>AUG 10 1990</b> | FAA REPRESENTATIVE<br><i>Robert J. Fletcher</i> | DESIGNATION NUMBER<br><b>DTIR 14162</b> |
|--|---|---|

Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000, or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

**AA Form 8100-2 (8-82)**

GPO 892-804

FAA AIRCRAFT REGISTRY  
CAMERA NO. 2N DATE: 3-11-92

| DEPARTMENT OF TRANSPORTATION<br>FEDERAL AVIATION ADMINISTRATION  |  |  | RECEIVED   |  |
|--|--|--|--|--|
| MAJOR REPAIR AND ALTERATION<br>(Airframe, Powerplant, Propeller, or Appliance)   |  |  | Form Approved<br>Gaget Bureau No. 04-R060.1                  |  |
| INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof)<br>for instructions and disposition of this form.   |  |  | SEP 25 1990 FOR FAA USE ONLY                                 |  |
| 1. AIRCRAFT  |  | MAKE<br>MCDONNELL DOUGLAS HELICOPTERS  | MODEL<br>369-E   | OFFICE IDENTIFICATION<br>LGB FSDO WP LGB FSDO  |
| 2. OWNER   |  | SERIAL NO.<br>0400-E   | NATIONALITY AND REGISTRATION MARK<br>N510PD                  | ADDRESS (As shown on registration certificate)<br>5000 E. MCDOWELL ROAD<br>MESA, ARIZONA 85205 |
| 3. FOR FAA USE ONLY  |  |  |  |  |
| 4. UNIT IDENTIFICATION   |  |  |  |  |
| UNIT   | MAKE   | MODEL  | SERIAL NO.   | 5. TYPE<br>REPAIR ALTER-<br>ATION  |
| AIRFRAME   | (As described in item 1 above)   |  |  | X  |
| POWERPLANT   |  |  |  |  |
| PROPELLER  |  |  |  |  |
| APPLIANCE  | TYPE   |  |  |  |
|  | MANUFACTURER   |  |  |  |
| 6. CONFORMITY STATEMENT  |  |  |  |  |
| A. AGENCY'S NAME AND ADDRESS<br>CUSTOM AIRCRAFT INTERIORS, INC.<br>3701 INDUSTRY AVE.<br>LAKWOOD, CALIF. 90712   |  | B. KIND OF AGENCY<br>U.S. CERTIFIED MECHANIC<br>FOREIGN CERTIFIED MECHANIC<br><input checked="" type="checkbox"/> CERTIFIED REPAIR STATION<br>MANUFACTURER | C. CERTIFICATE NO.<br>#EF312473L<br>LIMITED AIRFRAME         |  |
| D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or<br>attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations<br>and that the information furnished herein is true and correct to the best of my knowledge. |  |  |  |  |
| DATE<br>SEPTEMBER 21, 1990   | SIGNATURE OF AUTHORIZED INDIVIDUAL<br>WILLIAM C. ERWIN <i>William C. Erwin</i> |  |  |  |
| 7. APPROVAL FOR RETURN TO SERVICE  |  |  |  |  |
| Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by<br>the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED   |  |  |  |  |
| BY   | FAA FLT. STANDARDS<br>INSPECTOR  | MANUFACTURER   | INSPECTION AUTHORIZATION                                     | OTHER (Specify)  |
|  | FAA DESIGNEE<br>XX   | REPAIR STATION   | CANADIAN DEPARTMENT<br>OF TRANSPORT INSPECTOR<br>OF AIRCRAFT |  |
| DATE OF APPROVAL OR<br>REJECTION<br>9-21-90  | CERTIFICATE OR<br>DESIGNATION NO.<br>#EF312473L                                | SIGNATURE OF AUTHORIZED INDIVIDUAL<br><i>William C. Erwin</i><br>WILLIAM C. ERWIN, REPAIRMAN, #2374601   |  |  |

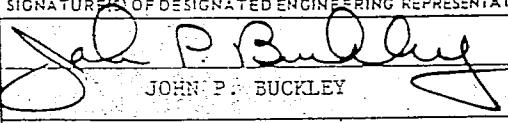
**NOTICE**

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

INSTALL CUSTOM AIRCRAFT INTERIORS, INC. INTERIOR TRIM PANEL KIT, H5-5000-1-  
DC, COMPOSITE INTERIOR KIT IN ACCORDANCE WITH CAI DRAWING LIST H5-40001,  
REV. A, AS PER STC #SH4889NM DATED AUGUST 8, 1990 AND MDHC LETTER OF APPROVAL.

ADDITIONAL SHEETS ARE ATTACHED

| DEPARTMENT OF TRANSPORTATION<br>FEDERAL AVIATION ADMINISTRATION<br>STATEMENT OF COMPLIANCE WITH THE FEDERAL AVIATION REGULATIONS   |  |   |  | DATE<br>JULY 29, 1990 |
|--|--|---|--|-----------------------|
| AIRCRAFT OR AIRCRAFT COMPONENT IDENTIFICATION  |  |   |  |                       |
| MAKE<br>MCDONNELL-DOUGLAS  | MODEL NO.<br>369 SERIES                | TYPE (Airplane, Radio, Helicopter,<br>etc.)<br>HELICOPTER | NAME OF APPLICANT<br>CUSTOM AIRCRAFT INTERIORS |                       |
| LIST OF DATA   |  |   |  |                       |
| IDENTIFICATION<br>1-10060 REV. "B"<br>DATED: 7-29-90   | TITLE<br>FLAMMABILITY TEST PLAN/REPORT |   |  |                       |
| -END-  |  |   |  |                       |
| THESE DATA WERE WITNESSED BY THE<br>UNDERSIGNED D.E.R. AS AUTHORIZED BY<br>WALTER EIERMAN ON 7-9-90.   |  |   |  |                       |
| PURPOSE OF DATA<br>FAA PROJECT NO. NM100L-1710<br>TO DEMONSTRATE FLAMMABILITY COMPLIANCE IN SUPPORT OF APPLICATION FOR STC   |  |   |  |                       |
| APPLICABLE REQUIREMENTS (List specific sections)<br>FAR 25.853(a)(1) AMENDMENT 25-32   |  |   |  |                       |
| CERTIFICATION - Under authority vested by direction of the Administrator and in accordance with conditions and limitations of appointment under Part 183 of the Federal Aviation Regulations, data listed above and on attached sheets numbered _____ have been examined in accordance with established procedures and found to comply with applicable requirements of the Federal Aviation Regulations. |  |   |  |                       |
| I ( <input checked="" type="checkbox"/> ) Therefore <input type="checkbox"/> Recommend approval of these data<br><input checked="" type="checkbox"/> Approve these data  |  |   |  |                       |
| SIGNATURES OF DESIGNATED ENGINEERING REPRESENTATIVE(S)<br><br>JOHN P. BUCKLEY   | DESIGNATION NUMBERS(S)<br>NM-814       | CLASSIFICATION(S)<br>SYSTEMS & EQUIPMENT                  |  |                       |

FAA Form 8110-3 (11-70) SUPersedes Previous Edition

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91



FLAMMABILITY TEST PLAN/REPORT

NO. 1-10060

REV. B

FAA PROJECT NO. NM100L-1710

FOR INSTALLATION IN:  
MCDONNELL-DOUGLAS 369 SERIES  
HELICOPTERS

PREPARED BY:

DATE: 3-15-90

3701 Industry Ave • Lakewood, CA 90712 • (213) 426-5098

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

PAGE

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91



Custom Aircraft Interiors

SCOPE

This Document sets forth Test Procedures to demonstrate compliance with requirements of FAR 29.853(a)(1).

REFERENCE

FAR 29.853

FAR 25 Appendix F, PART 1  
SCD H5-5000 Interior Trim-Crew and Aft cabin Details.

TEST SPECIMENS

Three test specimens 3 x 12 inches of each fabric or material in each direction (WARP & FILL), if applicable, will be vertically burned per FAR 29.853(a)(1). Each specimen will be identified.

TEST WITNESS

All tests will be witnessed by a duly authorized FAA Representative.

TEST REPORT

This Test Plan will become a Test Report upon completion of all testing and the addition of the test results.

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The name and location of the test facility, the person to be contacted, phone number and requested test date are:

BUCKLEY ENTERPRISES  
23428 VIA GAYO  
VALENCIA, CA 91355

JOHN BUCKLEY, (805) 255-9842  
Approx. test date: 3-26-90

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FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

MATERIALS IDENTIFICATION AND USAGE

| FIGURE NUMBER | IDENT. CODE | MATERIAL IDENTIFICATION   | USAGE       | TEST * CODE | DATA SHEET |
|---------------|-------------|---|-------------|-------------|------------|
| 1             |             | PANEL: 1 PLY L501-7781 PRE-PREG, 1/8" KLEGECELL FG55E-03 & 1 PLY L501-7781 W/ POLY-ESTER FILLER #4, ACRYLIC PRIMER, 2 COATS NASON ACRYLIC ENAMEL #419-19 WHITE, 1 COAT TEXTURE #419-19 WHITE. CUSTOM AIRCRAFT INTERIORS | TRIM PANELS | F1          |            |
| 2             |             | #4101 ETHAFOAM, 1/2" THICK DOW CHEMICAL, MIDLAND, MICH.   | FILLER      | F1          |            |
| 3             |             | 6/6 NATURAL NYLON BLOCK REGAL PLASTICS, GARDENA, CA   | RETAINER    | F1          |            |
| 4             |             | FABRIC BACKED VINYL NAUGAHYDE-COLOR: WHITE UNIROYAL, MISHAWAKA, INDIANA   | DECOR       | F1          |            |
| 5             |             | SAME AS #4, COLOR: BLACK  | DECOR       | F1          |            |
| 6             |             | 2.0# POLYESTER FOAM, 1/2" THK, CHARCOAL BLOCKSOM, LOS ANGELES, CA   | INSULATION  | F1          |            |
| 7             |             | BARYFOL/BM-1AY H.L. BLACKFORD, CORONA, CA   | INSULATION  | F1          |            |
| 8             |             | SJ3418 2" LOOP VELCRO SCOTCH-MATE, 3M   | ATTACHMENTS | F1          |            |
| 9             |             | SJ3418 2" PILE VELCRO   | ATTACHMENTS | F1          |            |
| 10            |             | .06 ABS PLASTIC-FR REGAL PLASTICS, GARDENA, CA  | RETAINER    | F1          |            |
| 11            |             | IV1 ENSOLITE UNIROYAL PLASTICS, MISHAWAKA, INDIANA  | INSULATOR   | F1          |            |

\*CODE

F1-80 SECOND VERTICAL (FAR 25.853 (A)

F2-12 SECOND VERTICAL (FAR 25.853 (B)

F3-15 SECOND HORIZONTAL (FAR 25.853 (B-2)

F4-15 SECOND HORIZONTAL (FAR 25.853 (B-3)

F5-30 SECOND 46° (FAR 25.855 (A-1)

F6 30 SECOND 80° (FAR 25.1359) (D)

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

MATERIALS IDENTIFICATION AND USAGE

| FIGURE NUMBER | IDENT. CODE | MATERIAL IDENTIFICATION                    | USAGE     | TEST CODE | DATA SHEET |
|---------------|-------------|--|-----------|-----------|------------|
| 12            |             | CLEAR LEXAN<br>REGAL PLASTICS, GARDENA, CA | WINDOW    | F1        |            |
| 13            |             | SANTOPRENE 251-80<br>MONSANTO CHEMICAL     | EDGE TRIM | F1        |            |

Page

3  
CODE  
F1-80 SECOND VERTICAL (FAR 25.853 (A))  
F2-12 SECOND VERTICAL (FAR 25.853 (B))  
F3-15 SECOND HORIZONTAL (FAR 25.853 (B-2))  
F4-15 SECOND HORIZONTAL (FAR 25.853 (B-3))  
F5-30 SECOND 45° (FAR 25.855 (A-1))  
F6-30 SECOND 80° (FAR 25.1359) (D)

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

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PAGE 4  
REVISION R

|                                   |    |  |                            |
|-----------------------------------|----|--|----------------------------|
| MATERIAL DESCRIPTION              |    | PANEL: 1 PLY L501-7781 PREPREG, 1/8" KLEGECCELL FGD55E03 & 1 PLY L501-7781 WITH POLYESTER FILLER #4, ACRYLIC PRIMER 2 COATS NASON ACRYLIC ENAMEL #419-19 WHITE, 1 COAT TEXTURE 419-19 WHITE. | TEST REPORT NO.<br>1-10060 |
| USAGE                             |    | TRIM PANELS  | SAMPLE NO.<br>549          |
| MANUFACTURER SUPPLIER             |    | CUSTOM AIRCRAFT INTERIORS  |                            |
| TEST METHOD                       |    | SKETCH   |                            |
| IGNITION TIME - MATERIAL POSITION |    |  |                            |
| X                                 | F1 | 60 SEC - VERT. FAR 25.853(a) AMENDMENT 25-32   |                            |
|                                   | F2 | 12 SEC - VERT. (b)   |                            |
|                                   | F3 | 15 SEC - HORIZ. (b-2)  |                            |
|                                   | F4 | 15 SEC - HORIZ. (b-3)  |                            |
|                                   | F5 | 30 SEC - 45° FAR 25.853(a-1)   |                            |
|                                   | F6 | 30 SEC - 60° ELEC FAR 25.1359(d)   |                            |
|                                   | F7 | 12 SEC - VERT. FAR 25.853(a) -15   |                            |
|                                   | F8 |  |                            |
| TEST LOCATION Valencia, CA 91355  |    | SOAK BEGAN 7-26-90   | TEST DATE 7-29-90          |
|                                   |    |  | FLAME TEMP. 1857°F         |

| TEST VALUES  |             |                    |                        |                          |                  |                      |                   |
|--|-------------|--------------------|------------------------|--------------------------|------------------|----------------------|-------------------|
| SAMPLE NO.   | TEST METHOD | EXTING TIME (SECS) | BURNED LENGTH (INCHES) | Drip Extinct Time (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.) | AFTER GLOW (SECS) |
| -1   |             | 0                  | 5.50                   | 0                        |                  |                      |                   |
| -2   | F1          | 0                  | 5.12                   | 0                        |                  |                      |                   |
| -3   |             | 0                  | 5.75                   | 0                        |                  |                      |                   |
| AVER.  |             | 0                  | 5.46                   | 0                        |                  |                      |                   |
| TESTED BY JOHN BUCKLEY<br>WITNESSED BY <i>John P. Buckley</i>              |             |                    |                        | COMMENTS                 |                  |                      |                   |
| PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> |             |                    |                        |                          |                  |                      |                   |

\*Include Material Type, Construction, Specification, Thickness, Color, Etc

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

Buckley Enterprises  
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PAGE 5  
REVISION B

|                                   |                                |  |                    |
|-----------------------------------|--------------------------------|--|--------------------|
| MATERIAL DESCRIPTION              |                                | TEST REPORT NO.<br>1-10060                               |                    |
| #4101 ETHAFOAM 1/2" THICK         |                                | TEST NO. 550a  |                    |
| USAGE                             | FILLER                         | SAMPLE NO. 550   |                    |
| MANUFACTURER<br>SUPPLIER          | DOW CHEMICAL<br>MIDLAND, MICH. | MODEL/MCDONNELL-DOUGLAS 369<br>PROGRAM SERIES HELICOPTER |                    |
| TEST METHOD                       |                                | SKETCH   |                    |
| IGNITION TIME - MATERIAL POSITION |                                |  |                    |
| X                                 | F1                             | 60 SEC - VERT. FAR 25.853(a) AMENDMENT 25-32             |                    |
|                                   | F2                             | 12 SEC - VERT. (0)                                       |                    |
|                                   | F3                             | 15 SEC - HORIZ. (6-2)                                    |                    |
|                                   | F4                             | 15 SEC - HORIZ. (6-3)                                    |                    |
|                                   | F5                             | 30 SEC - 45° FAR 25.853(a-1)                             |                    |
|                                   | F6                             | 30 SEC - 60° ELEC FAR 25.1339(d)                         |                    |
|                                   | F7                             | 12 SEC - VERT. FAR 25.853(a) -15                         |                    |
|                                   | F8                             |  |                    |
| TEST LOCATION: Valencia, CA 91355 |                                | SOAK BEGAN: 7-26-90                                      | TEST DATE: 7-29-90 |
|                                   |                                |  | FLAME TEMP: 1857°F |

| TEST VALUES  |             |                    |                        |                         |                  |                      |                   |
|--|-------------|--------------------|------------------------|-------------------------|------------------|----------------------|-------------------|
| SAMPLE NO.   | TEST METHOD | EXTING TIME (SECS) | BURNED LENGTH (INCHES) | DRIP EXTING TIME (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.) | AFTER GLOW (SECS) |
| -1   |             | 0                  | 4.25                   | 0                       |                  |                      |                   |
| -2   | F1          | 0                  | 4.75                   | 0                       |                  |                      |                   |
| -3   |             | 0                  | 4.50                   | 0                       |                  |                      |                   |
| AVER.  |             | 0                  | 4.50                   | 0                       |                  |                      |                   |
| TESTED BY JOHN BUCKLEY<br>WITNESSED BY <i>John P. Buckley</i>              |             |                    |                        | COMMENTS                |                  |                      |                   |
| PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> |             |                    |                        |                         |                  |                      |                   |
| *Include Material Type, Construction, Specification, Thickness, Color, Etc |             |                    |                        |                         |                  |                      |                   |

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

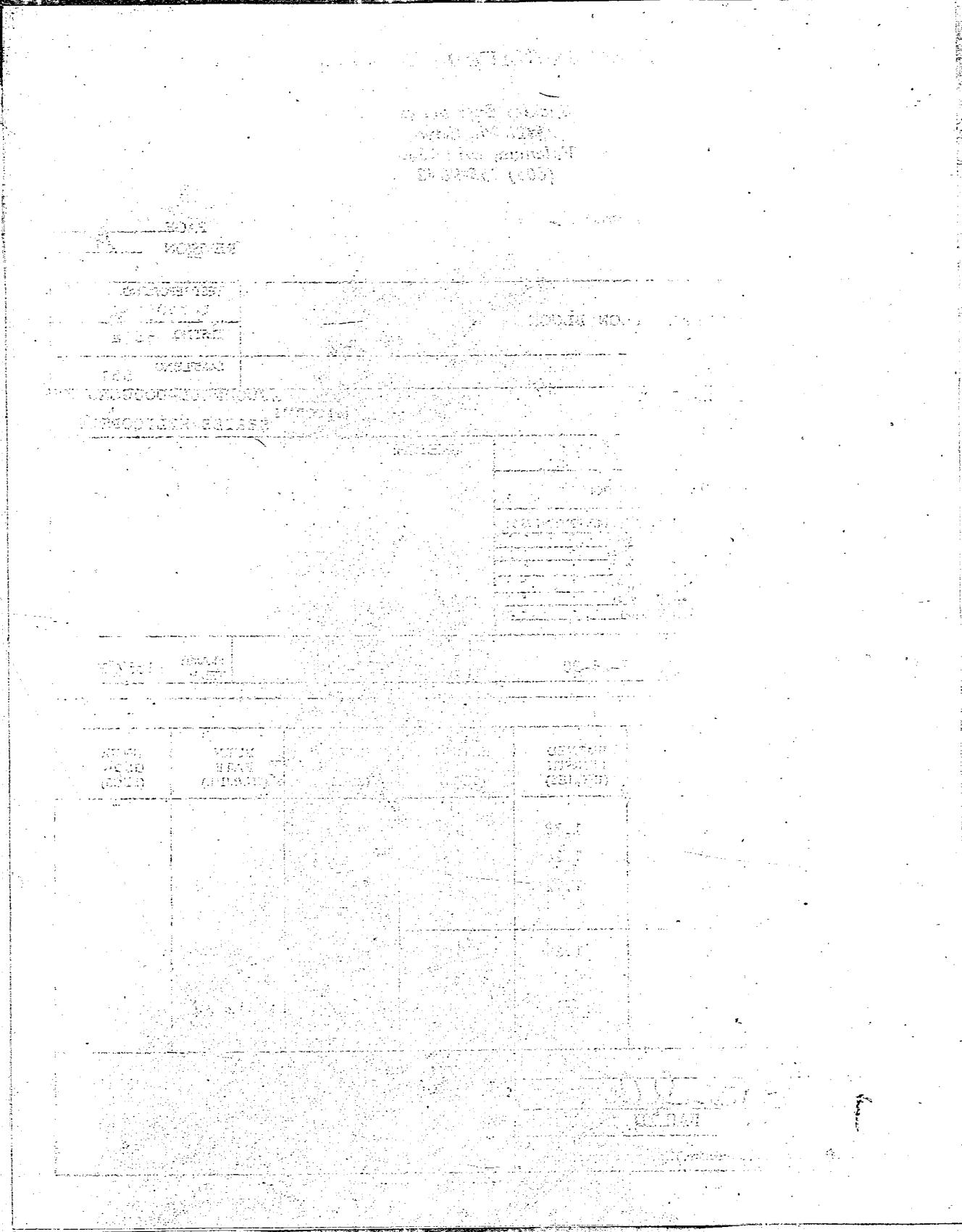
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PAGE 6  
REVISION B

|                                  |   |  |                    |
|----------------------------------|---|--|--------------------|
| MATERIAL DESCRIPTION             |   | TEST REPORT NO.<br>1-10060                               |                    |
| 6/6 NATURAL NYLON BLOCK          |   | TEST NO. 551a  |                    |
| USAGE RETAINER                   |   | SAMPLE NO. 551   |                    |
| MANUFACTURER REGAL PLASTICS      | SUPPLIER GARDENA, CA                          | MODEL MCDONNELL-DOUGLAS 369<br>PROGRAM SERIES HELICOPTER |                    |
| TEST METHOD                      |   | SKETCH   |                    |
| IGNITION TIME-MATERIAL POSITION  |   |  |                    |
| X                                | F1. 60SEC-VERT. FAR 25.853(a) AMENDMENT 25-32 |  |                    |
|                                  | F2. 12SEC-VERT. (b)                           |  |                    |
|                                  | F3. 15SEC-HORIZ (b-2)                         |  |                    |
|                                  | F4. 15SEC-HORIZ (b-3)                         |  |                    |
|                                  | F5. 30SEC-45° FAR 25.855(a-1)                 |  |                    |
|                                  | F6. 30SEC-60° ELEC FAR 25.1359(d)             |  |                    |
|                                  | F7. 12SEC-VERT FAR 25.853(a) .15              |  |                    |
|                                  | FB  |  |                    |
| TEST LOCATION Valencia, CA 91355 | SOAK BEGAN 7-26-90                            | TEST DATE 7-29-90  | FLAME TEMP. 1857°F |

| TEST VALUES                                |             |                                 |                        |                         |                  |                      |                   |
|--|-------------|---------------------------------|------------------------|-------------------------|------------------|----------------------|-------------------|
| SAMPLE NO.                                 | TEST METHOD | EXTING TIME (SECS)              | BURNED LENGTH (INCHES) | DRIP EXTING TIME (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.) | AFTER GLOW (SECS) |
| -1   | F1          | 0                               | 1.38                   | 0                       |                  |                      |                   |
| -2   |             | 0                               | 1.28                   | 0                       |                  |                      |                   |
| -3   |             | 0                               | 1.12                   | 0                       |                  |                      |                   |
| AVER.                                      |             | 0                               | 1.26                   | 0                       |                  |                      |                   |
| TESTED BY JOHN BUCKLEY                     |             |                                 |                        | COMMENTS                |                  |                      |                   |
| WITNESSED BY <i>John P. Buckley</i>        |             |                                 |                        |                         |                  |                      |                   |
| PASSED <input checked="" type="checkbox"/> |             | FAILED <input type="checkbox"/> |                        |                         |                  |                      |                   |

\*Include Material Type, Construction, Specification, Thickness, Color, Etc.



FLAMMABILITY DATA SHEET

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PAGE 7  
REVISION B

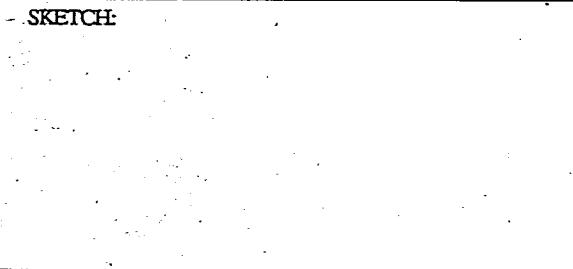
| MATERIAL DESCRIPTION   |                                     | TEST REPORT NO.                              |                          |                         |                  |                      |                   |
|--|-------------------------------------|--|--------------------------|-------------------------|------------------|----------------------|-------------------|
| FABRIC BACKED VINYL, COLOR: WHITE  |                                     | 1-10060                                      |                          |                         |                  |                      |                   |
| USAGE  | DECOR                               | TEST NO.                                     | 552a                     |                         |                  |                      |                   |
| MANUFACTURER   | UNIROYAL PLASTICS                   | MODEL/                                       | MCDONNELL-DOUGLAS        |                         |                  |                      |                   |
| SUPPLIER   | MISHAWAKA, INDIANA                  | PROGRAM                                      | 369 SERIES HELICOPTER    |                         |                  |                      |                   |
| TEST METHOD  |                                     | SKETCH                                       |                          |                         |                  |                      |                   |
| IGNITION TIME - MATERIAL POSITION  |                                     |  |                          |                         |                  |                      |                   |
| X  | FL                                  | 60 SEC - VERT. FAR 25.853(a) AMENDMENT 25-32 |                          |                         |                  |                      |                   |
|  | F2                                  | 12 SEC - VERT. (b)                           |                          |                         |                  |                      |                   |
|  | F3                                  | 15 SEC - HORIZ. (b-2)                        |                          |                         |                  |                      |                   |
|  | F4                                  | 15 SEC - HORIZ. (b-3)                        |                          |                         |                  |                      |                   |
|  | F5                                  | 30 SEC - 45° FAR 25.853(a-1)                 |                          |                         |                  |                      |                   |
|  | F6                                  | 30 SEC - 60° ELEC FAR 25.1359(d)             |                          |                         |                  |                      |                   |
|  | F7                                  | 12 SEC - VERT. FAR 25.853(a)                 | -15                      |                         |                  |                      |                   |
|  | F8                                  |  |                          |                         |                  |                      |                   |
| TEST LOCATION  | Valencia, CA 91355                  | SOAK BEGAN                                   | 7-26-90                  |                         |                  |                      |                   |
|  |                                     | TEST DATE                                    | 7-29-90                  |                         |                  |                      |                   |
|  |                                     | FLAME TEMP.                                  | 1857°F                   |                         |                  |                      |                   |
| TEST VALUES  |                                     |  |                          |                         |                  |                      |                   |
| SAMPLE NO.   | TEST METHOD                         | EXTING TIME (SECS)                           | BURNED LENGTH (INCHES)   | DRIP EXTING TIME (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.) | AFTER GLOW (SECS) |
| -1   |                                     | 0  | 5.87                     | 0                       |                  |                      |                   |
| -2   | F1                                  | 0  | 6.25                     | 0                       |                  |                      |                   |
| -3   |                                     | 0  | 5.50                     | 0                       |                  |                      |                   |
| AVER.  |                                     | 0  | 5.87                     | 0                       |                  |                      |                   |
| TESTED BY  | JOHN BUCKLEY                        |  | COMMENTS:                |                         |                  |                      |                   |
| WITNESSED BY   | P. Buckley                          |  |                          |                         |                  |                      |                   |
| PASSED   | <input checked="" type="checkbox"/> | FAILED                                       | <input type="checkbox"/> |                         |                  |                      |                   |
| *Include Material Type, Construction, Specification, Thickness, Color, Etc |                                     |  |                          |                         |                  |                      |                   |

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

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PAGE 8  
REVISION B

|   |   |   |
|---|---|---|
| MATERIAL DESCRIPTION                        |   | TEST REPORT NO.<br>1-10060  |
| FABRIC BACKED VINYL NAUGAHYDE, COLOR: BLACK |   | TEST NO. 553a   |
| USAGE                                       | DECOR   | SAMPLE NO. 553  |
| MANUFACTURER<br>SUPPLIER                    | UNIROYAL PLASTICS<br>MISHAWAKA, INDIANA           | MODEL/PROGRAM<br>MCDONNELL DOUGLAS<br>369 SERIES HELICOPTER                         |
| TEST METHOD                                 |   | SKETCH  |
| IGNITION TIME - MATERIAL POSITION           |   |  |
| X   | F1. 60 SEC - VERT. FAR 25.853 (a) AMENDMENT 25-32 |   |
|   | F2. 12 SEC - VERT. (b)                            |   |
|   | F3. 15 SEC - HORIZ. (b-2)                         |   |
|   | F4. 15 SEC - HORIZ. (b-3)                         |   |
|   | F5. 30 SEC - 45° FAR 25.855 (a-1)                 |   |
|   | F6. 30 SEC - 60° ELEC FAR 25.135 (d)              |   |
|   | F7. 12 SEC - VERT. FAR 25.853 (a) - 15            |   |
| TEST LOCATION                               | Valencia, CA 91355                                | SOAK BEGAN 7-26-90  |
|   |   | TEST DATE 7-29-90   |
|   |   | FLAME TEMP. 1857°F  |

| TEST VALUES                                |                                 |                    |                        |                         |                  |                      |                   |
|--|---------------------------------|--------------------|------------------------|-------------------------|------------------|----------------------|-------------------|
| SAMPLE NO.                                 | TEST METHOD                     | EXTING TIME (SECS) | BURNED LENGTH (INCHES) | DRIP EXTING TIME (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.) | AFTER GLOW (SECS) |
| -1   |                                 | 0                  | 4.25                   | 0                       |                  |                      |                   |
| -2   | F1                              | 0                  | 5.25                   | 0                       |                  |                      |                   |
| -3   |                                 | 0                  | 6.38                   | 0                       |                  |                      |                   |
| AVER.                                      |                                 | 0                  | 5.29                   | 0                       |                  |                      |                   |
| TESTED BY                                  | JOHN BUCKLEY                    |                    |                        | COMMENTS                |                  |                      |                   |
| WITNESSED BY                               | <i>John Buckley</i>             |                    |                        |                         |                  |                      |                   |
| PASSED <input checked="" type="checkbox"/> | FAILED <input type="checkbox"/> |                    |                        |                         |                  |                      |                   |

\*Include Material Type, Construction, Specification, Thickness, Color, Etc

FAA AIRCRAFT REGISTRY

CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

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PAGE 9  
REVISION B

|                                   |  |   |   |
|-----------------------------------|--|---|---|
| MATERIAL DESCRIPTION              | 2.0# POLYESTER FOAM, 1/2" THICK<br>COLOR: CHARCOAL |   | TEST REPORT NO.<br>1-10060                                  |
| USAGE                             | INSULATION   |   | TEST NO.<br>554a  |
| MANUFACTURER<br>SUPPLIER          | BLOCKSMON<br>LOS ANGELES, CA                       |   | SAMPLE NO.<br>554   |
| TEST METHOD                       |  |   | MODEL/PROGRAM<br>MCDONNELL DOUGLAS<br>369 SERIES HELICOPTER |
| IGNITION TIME-MATERIAL POSITION   |  |   | SKETCH  |
| X                                 | F1   | 60 SEC - VERT. FAR 25.853 (a) AMENDMENT 25-32 |   |
|                                   | F2   | 12 SEC - VERT. (b)                            |   |
|                                   | F3   | 15 SEC - HORIZ. (b-2)                         |   |
|                                   | F4   | 15 SEC - HORIZ. (b-3)                         |   |
|                                   | F5   | 30 SEC - 45° FAR 25.855 (a-1)                 |   |
|                                   | F6   | 30 SEC - 60° ELEC FAR 25.139 (d)              |   |
|                                   | F7   | 12 SEC - VERT. FAR 25.853 (a)                 | .15   |
|                                   | F8   |   |   |
| TEST LOCATION: Valencia, CA 91355 | SOAK BEGAN   | 7-26-90                                       | TEST DATE 7-29-90   |
|                                   |  |   | FLAME TEMP: 1857°F  |

| TEST VALUES  |             |                    |                        |                         |                  |                      |                   |
|--|-------------|--------------------|------------------------|-------------------------|------------------|----------------------|-------------------|
| SAMPLE NO.   | TEST METHOD | EXTING TIME (SECS) | BURNED LENGTH (INCHES) | DRIP EXTING TIME (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.) | AFTER GLOW (SECS) |
| -1   | F1          | 0                  | 2.50                   | 0                       |                  |                      |                   |
| -2   | F1          | 0                  | 1.87                   | 0                       |                  |                      |                   |
| -3   | F1          | 0                  | 2.38                   | 0                       |                  |                      |                   |
| AVER.  |             | 0                  | 2.25                   | 0                       |                  |                      |                   |
| TESTED BY JOHN BUCKLEY<br>WITNESSED BY <i>P. Buckley</i>                   |             |                    |                        | COMMENTS                |                  |                      |                   |
| PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> |             |                    |                        |                         |                  |                      |                   |
| Include Material Type, Construction, Specification, Thickness, Color, Etc. |             |                    |                        |                         |                  |                      |                   |

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

Buckley Enterprises  
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Valencia, CA 91355  
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PAGE 10  
REVISION B

|  |    |  |                    |  |
|--|----|--|--------------------|--|
| MATERIAL DESCRIPTION                                 |    | TEST REPORT NO.<br>1-10060                               |                    |  |
| BARYFOL/BM-1AY                                       |    | TEST NO. 555a  |                    |  |
| USAGE INSULATION                                     |    | SAMPLE NO. 555   |                    |  |
| MANUFACTURER H. L. BLACKFORD<br>SUPPLIER CORONA, CA. |    | MODEL/PROGRAM MCDONNELL-DOUGLAS<br>369 SERIES HELICOPTER |                    |  |
| TEST METHOD  |    | SKETCH   |                    |  |
| IGNITION TIME - MATERIAL POSITION                    |    |  |                    |  |
| X  | F1 |  |                    | 60 SEC - VERT. FAR 25.853(a) AMENDMENT 25-32 |
|  | F2 |  |                    | 12 SEC - VERT. (b)                           |
|  | F3 |  |                    | 15 SEC - HORIZ. (b-2)                        |
|  | F4 |  |                    | 15 SEC - HORIZ. (b-3)                        |
|  | F5 |  |                    | 30 SEC - 45° FAR 25.853(a-1)                 |
|  | F6 |  |                    | 30 SEC - 60° ELEC FAR 25.139(d)              |
|  | F7 | 12 SEC - VERT. FAR 25.853(a)                             |                    |  |
|  | F8 |  |                    |  |
| TEST LOCATION: Valencia, CA 91355                    |    | SOAK BEGAN: 7-26-90                                      | TEST DATE: 7-29-90 | FLAME TEMP: 1857°F                           |

TEST VALUES

| SAMPLE NO. | TEST METHOD | EXTING TIME (SECS) | BURNED LENGTH (INCHES) | DRIP EXTING TIME (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.) | AFTER GLOW (SECS) |
|------------|-------------|--------------------|------------------------|-------------------------|------------------|----------------------|-------------------|
| -1         |             | 12.3               | 7.5                    | 3.5                     |                  |                      |                   |
| -2         | F1          | 3.1                | 4.75                   | 1.0                     |                  |                      |                   |
| -3         |             | Ø                  | 5.25                   | Ø                       |                  |                      |                   |
| AVER.      |             | 5.13               | 5.83                   | 1.5                     |                  |                      |                   |

TESTED BY JOHN BUCKLEY

WITNESSED BY

PASSED  FAILED

COMMENTS

\*Include Material Type, Construction, Specification, Thickness, Color, Etc

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2-28-91

FLAMMABILITY DATA SHEET

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PAGE 11  
REVISION B

| MATERIAL DESCRIPTION*<br>SJ3418 2" LOOP VELCRO                              |             |                    |                               | TEST REPORT NO.<br>1-10060 |  |                      |                   |
|---|-------------|--------------------|-------------------------------|----------------------------|--|----------------------|-------------------|
|   |             |                    |                               | TEST NO. 556a              |  |                      |                   |
| USAGE ATTACHMENTS   |             |                    |                               | SAMPLE NO. 556             |  |                      |                   |
| MANUFACTURER SCOTCH-MATE, 3M<br>SUPPLIER                                    |             |                    |                               | MODEL/PROGRAM              | MCDONNELL DOUGLAS<br>369 SERIES HELICOPTER |                      |                   |
| TEST METHOD   |             |                    |                               | SKETCH                     |  |                      |                   |
| IGNITION TIME - MATERIAL POSITION   |             |                    |                               |                            |  |                      |                   |
| X   | F1          | 60 SEC - VERT.     | FAR 25.853(a) AMENDMENT 25-32 |                            |  |                      |                   |
|   | F2          | 12 SEC - VERT.     | (b)                           |                            |  |                      |                   |
|   | F3          | 15 SEC - HORIZ     | (b-2)                         |                            |  |                      |                   |
|   | F4          | 15 SEC - HORIZ     | (b-3)                         |                            |  |                      |                   |
|   | F5          | 30 SEC - 45°       | FAR 25.855(a-1)               |                            |  |                      |                   |
|   | F6          | 30 SEC - 60° ELEC  | FAR 25.1359(d)                |                            |  |                      |                   |
|   | F7          | 12 SEC - VERT      | FAR 25.853(a)                 |                            |  |                      |                   |
|   | F8          |                    | -15                           |                            |  |                      |                   |
| TEST LOCATION: Valencia, CA 91355   |             | SOAK BEGAN         | 7-26-90                       | TEST DATE                  | 7-29-90                                    |                      |                   |
|   |             |                    |                               |                            | FLAME TEMP. 1857°F                         |                      |                   |
| TEST VALUES   |             |                    |                               |                            |  |                      |                   |
| SAMPLE NO.  | TEST METHOD | EXTING TIME (SECS) | BURNED LENGTH (INCHES)        | Drip Extinct Time (SECS)   | Burn Time (SECS)                           | Burn Rate (IN./MIN.) | After Glow (SECS) |
| -1  | F1          | 0                  | 4.38                          | 0                          |  |                      |                   |
| -2  |             | 0                  | 4.06                          | 0                          |  |                      |                   |
| -3  |             | 0                  | 5.0                           | 0                          |  |                      |                   |
| AVER.   |             | 0                  | 4.48                          | 0                          |  |                      |                   |
| TESTED BY JOHN BUCKLEY<br>WITNESSED BY <i>J. P. Buckley</i>                 |             |                    |                               | COMMENTS                   |  |                      |                   |
| PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>  |             |                    |                               |                            |  |                      |                   |
| *Include Material Type, Construction, Specification, Thickness, Color, Etc. |             |                    |                               |                            |  |                      |                   |

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

Buckley Enterprises  
23428 Via Gayo  
Valencia, CA 91355  
(805) 255-9842

PAGE 12  
REVISION B

|                                   |   |   |
|-----------------------------------|---|---|
| MATERIAL DESCRIPTION              |   | TEST REPORT NO.<br>1-10060                                  |
| SJ3418 2" PILE VELCRO             |   | TEST NO.<br>557a  |
| USAGE - ATTACHMENTS               |   | SAMPLE NO. 557  |
| MANUFACTURER<br>SUPPLIER          | SCOTCH-MATE, 3M   | MODEL/PROGRAM<br>MCDONNELL DOUGLAS<br>369 SERIES HELICOPTER |
| TEST METHOD                       |   | SKETCH:   |
| IGNITION TIME - MATERIAL POSITION |   |   |
| X                                 | F1. 60 SEC - VERT. FAR 25.853(a) AMENDMENT 25-32<br>F2. 12 SEC - VERT. (b)<br>F3. 15 SEC - HORIZ. (b-2)<br>F4. 15 SEC - HORIZ. (b-3)<br>F5. 30 SEC - 45° FAR 25.853(a-1)<br>F6. 30 SEC - 60° ELEC FAR 25.1359(d)<br>F7. 12 SEC - VERT. FAR 25.853(a)<br>F8. |   |
| TEST LOCATION: Valencia, CA 91355 |   | SOAK BEGAN: 7-26-90   |
|                                   |   | TEST DATE: 7-29-90  |
|                                   |   | FLAME TEMP: 1857°F  |

| TEST VALUES   |             |                    |                        |                          |                  |                     |                   |
|---|-------------|--------------------|------------------------|--------------------------|------------------|---------------------|-------------------|
| SAMPLE NO.  | TEST METHOD | EXTING TIME (SECS) | BURNED LENGTH (INCHES) | Drip Extinct Time (SECS) | BURN TIME (SECS) | BURN RATE (IN/MIN.) | AFTER GLOW (SECS) |
| -1  | F1          | 0                  | 4.87                   | 0                        |                  |                     |                   |
| -2  |             | 0                  | 3.62                   | 0                        |                  |                     |                   |
| -3  |             | 0                  | 3.56                   | 0                        |                  |                     |                   |
| AVER.   |             |                    | 0                      | 4.02                     | 0                |                     |                   |
| TESTED BY JOHN BUCKLEY<br>WITNESSED BY <i>P Buckley</i>                     |             |                    |                        | COMMENTS:                |                  |                     |                   |
| PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>  |             |                    |                        |                          |                  |                     |                   |
| *Include Material Type, Construction, Specification, Thickness, Color, Etc. |             |                    |                        |                          |                  |                     |                   |

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

Buckley Enterprises  
23428 Via Gayo  
Valencia, CA 91355  
(805) 255-9842

PAGE 13  
REVISION B

|   |   |   |
|---|---|---|
| MATERIAL DESCRIPTION*                               |   | TEST REPORT NO.<br>1-10060                                  |
| .06 ABS PLASTIC-FR                                  |   | TEST NO.<br>558a  |
| USAGE   | RETAINER  | SAMPLE NO.<br>558   |
| MANUFACTURER REGAL PLASTICS<br>SUPPLIER GARDENA, CA |   | MODEL/PROGRAM<br>MCDONNELL-DOUGLAS<br>369 SERIES HELICOPTER |
| TEST METHOD   |   | SKETCH  |
| IGNITION TIME-MATERIAL POSITION                     |   |   |
| X   | F1 60 SEC - VERT. FAR 25.853(a) AMENDMENT 25-32 |   |
| F2  | 12 SEC - VERT. (b)                              |   |
| F3  | 15 SEC - HORIZ. (b-2)                           |   |
| F4  | 15 SEC - HORIZ. (b-3)                           |   |
| F5  | 30 SEC - 45° FAR 25.855(a-1)                    |   |
| F6  | 30 SEC - 60° ELEC FAR 25.139(d)                 |   |
| F7  | 12 SEC - VERT. FAR 25.853(a)                    | -15   |
| F8  |   |   |
| TEST LOCATION: Valencia, CA 91355                   |   | SOAK BEGAN 7-26-90  |
|   |   | TEST DATE 7-29-90   |
|   |   | FLAME TEMP: 1857°F  |

| TEST VALUES                                |             |                                 |                        |                         |                  |                      |                   |
|--|-------------|---------------------------------|------------------------|-------------------------|------------------|----------------------|-------------------|
| SAMPLE NO.                                 | TEST METHOD | EXTING TIME (SECS)              | BURNED LENGTH (INCHES) | DRIP EXTING TIME (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.) | AFTER GLOW (SECS) |
| -1   |             | 12.6                            | 3.81                   | 0                       |                  |                      |                   |
| -2   | F1          | 15.8                            | 5.48                   | 0                       |                  |                      |                   |
| -3   |             | 10.0                            | 5.18                   | 0                       |                  |                      |                   |
| AVER.                                      |             | 12.8                            | 4.82                   | 0                       |                  |                      |                   |
| TESTED BY JOHN BUCKLEY                     |             |                                 |                        | COMMENTS                |                  |                      |                   |
| WITNESSED BY <i>John P. Buckley</i>        |             |                                 |                        |                         |                  |                      |                   |
| PASSED <input checked="" type="checkbox"/> |             | FAILED <input type="checkbox"/> |                        |                         |                  |                      |                   |

\*Include Material Type, Construction, Specification, Thickness, Color, Etc

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

Buckley Enterprises  
23428 Via Gayo  
Valencia, CA 91355  
(805) 255-9842

PAGE 14  
REVISION 8

| MATERIAL DESCRIPTION              |                                     | IV1 ENSOLITE       |                               |                          |                  | TEST REPORT NO.<br>1-10060                 |                   |
|-----------------------------------|-------------------------------------|--------------------|-------------------------------|--------------------------|------------------|--|-------------------|
| USAGE                             |                                     | INSULATION         |                               |                          |                  | TEST NO. 559a                              |                   |
| MANUFACTURER                      |                                     | UNIROYAL PLASTICS  |                               |                          |                  | SAMPLE NO. 559                             |                   |
| SUPPLIER                          |                                     | MISHAWAKA, INDIANA |                               | MODEL/PROGRAM            |                  | MCDONNELL-DOUGLAS<br>369 SERIES HELICOPTER |                   |
| TEST METHOD                       |                                     |                    |                               | SKETCH:                  |                  |  |                   |
| IGNITION TIME-MATERIAL POSITION   |                                     |                    |                               |                          |                  |  |                   |
| X                                 | FL                                  | 60 SEC - VERT.     | FAR 25.853(a) AMENDMENT 25-32 |                          |                  |  |                   |
|                                   | F2                                  | 12 SEC - VERT.     | (6)                           |                          |                  |  |                   |
|                                   | F3                                  | 15 SEC - HORIZ.    | (6-2)                         |                          |                  |  |                   |
|                                   | F4                                  | 15 SEC - HORIZ.    | (6-3)                         |                          |                  |  |                   |
|                                   | F5                                  | 30 SEC - 45°       | FAR 25.855(a-1)               |                          |                  |  |                   |
|                                   | F6                                  | 30 SEC - 60° ELEC  | FAR 25.1359(d)                |                          |                  |  |                   |
|                                   | F7                                  | 12 SEC - VERT.     | FAR 25.853(a)                 |                          |                  |  |                   |
|                                   | F8                                  |                    |                               |                          |                  |  |                   |
| TEST LOCATION: Valencia, CA 91355 |                                     | SOAK BEGAN:        | 7-26-90                       | TEST DATE:               | 7-29-90          | FLAME TEMP:                                | 1857°F            |
| TEST VALUES                       |                                     |                    |                               |                          |                  |  |                   |
| SAMPLE NO.                        | TEST METHOD                         | EXTING TIME (SECS) | BURNED LENGTH (INCHES)        | Drip Extinct Time (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.)                       | AFTER GLOW (SECS) |
| -1                                | F1                                  | 0                  | 4.18                          | 0                        |                  |  |                   |
| -2                                |                                     | 0                  | 4.12                          | 0                        |                  |  |                   |
| -3                                |                                     | 0                  | 5.75                          | 0                        |                  |  |                   |
| AVER.                             |                                     | 0                  | 4.68                          | 0                        |                  |  |                   |
| TESTED BY                         | JOHN BUCKLEY                        |                    |                               | COMMENTS:                |                  |  |                   |
| WITNESSED BY                      | <i>P. Buckley</i>                   |                    |                               |                          |                  |  |                   |
| PASSED                            | <input checked="" type="checkbox"/> | FAILED             | <input type="checkbox"/>      |                          |                  |  |                   |

\*Include Material Type, Construction, Specification, Thickness, Color, Etc.

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

Buckley Enterprises  
23428 Via Gayo  
Valencia, CA 91355  
(805) 255-9842

PAGE 15  
REVISION B

|                       |                                   |  |                 |  |
|-----------------------|-----------------------------------|--|-----------------|--|
| MATERIAL DESCRIPTION  | CLEAR LEXAN                       |  | TEST REPORT NO. | 1-10060                                    |
| USAGE                 | WINDOW                            |  | TEST NO.        | 560a                                       |
| MANUFACTURER SUPPLIER | REGAL PLASTICS<br>GARDENA, CA     |  | MODEL/PROGRAM   | MCDONNELL DOUGLAS<br>369 SERIES HELICOPTER |
| TEST METHOD           | IGNITION TIME - MATERIAL POSITION |  | SKETCH          |  |
| X                     | F1                                | 60 SEC - VERT. FAR 25.853(a) AMENDMENT 25-32 |                 |  |
|                       | F2                                | 12 SEC - VERT. (6)                           |                 |  |
|                       | F3                                | 15 SEC - HORIZ. (6-2)                        |                 |  |
|                       | F4                                | 15 SEC - HORIZ. (6-3)                        |                 |  |
|                       | F5                                | 30 SEC - 45° FAR 25.855(a-1)                 |                 |  |
|                       | F6                                | 30 SEC - 60° ELEC FAR 25.139(d)              |                 |  |
|                       | F7                                | 12 SEC - VERT. FAR 25.853(a)                 |                 |  |
|                       | F8                                |  |                 |  |
| TEST LOCATION         | Valencia, CA 91355                | SOAK BEGAN                                   | TEST DATE       | 7-29-90                                    |
|                       |                                   |  |                 | FLAME TEMP: 1857°F                         |

| TEST VALUES  |                                 |                    |                        |                          |                  |                      |                   |
|--|---------------------------------|--------------------|------------------------|--------------------------|------------------|----------------------|-------------------|
| SAMPLE NO.   | TEST METHOD                     | EXTING TIME (SECS) | BURNED LENGTH (INCHES) | Drip Extinct Time (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.) | AFTER GLOW (SECS) |
| -1   | F1                              | 0                  | 4.38                   | 0                        |                  |                      |                   |
| -2   |                                 | 0                  | 4.38                   | 0                        |                  |                      |                   |
| -3   |                                 | 0                  | 3.50                   | 0                        |                  |                      |                   |
| AVER.  |                                 |                    | 0                      | 4.09                     | 0                |                      |                   |
| TESTED BY  | JOHN BUCKLEY                    |                    |                        |                          |                  |                      | COMMENTS          |
| WITNESSED BY   | <i>John P. Buckley</i>          |                    |                        |                          |                  |                      |                   |
| PASSED <input checked="" type="checkbox"/>                                 | FAILED <input type="checkbox"/> |                    |                        |                          |                  |                      |                   |
| *Include Material Type, Construction, Specification, Thickness, Color, Etc |                                 |                    |                        |                          |                  |                      |                   |

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

FLAMMABILITY DATA SHEET

Buckley Enterprises  
23428 Via Gayo  
Valencia, CA 91355  
(805) 255-9842

PAGE 16  
REVISION B

|                                   |                   |   |
|-----------------------------------|-------------------|---|
| MATERIAL DESCRIPTION              |                   | TEST REPORT NO.<br>1-10060                                  |
| SANTOPRENE 251-80                 |                   | TEST NO.<br>561a  |
| USAGE<br>EDGE TRIM                |                   | SAMPLE NO.<br>561   |
| MANUFACTURER<br>SUPPLIER          | MONSANTO CHEMICAL | MODEL/PROGRAM<br>MCDONNELL DOUGLAS<br>369 SERIES HELICOPTER |
| TEST METHOD                       |                   | SKETCH:   |
| IGNITION TIME - MATERIAL POSITION |                   |   |
| X                                 | F1                | 60 SEC - VERT. FAR 25.853(a) AMENDMENT 25-32                |
|                                   | F2                | 12 SEC - VERT. (b)  |
|                                   | F3                | 15 SEC - HORIZ (b-2)  |
|                                   | F4                | 15 SEC - HORIZ (b-3)  |
|                                   | F5                | 30 SEC - 45° FAR 25.853(a-1)                                |
|                                   | F6                | 30 SEC - 60° ELEC FAR 25.1359(d)                            |
|                                   | F7                | 12 SEC - VERT. FAR 25.853(a) .15                            |
|                                   | F8                |   |
| TEST LOCATION: Valencia, CA 91355 |                   | SOAK BEGAN 7-26-90  |
|                                   |                   | TEST DATE 7-29-90   |
|                                   |                   | FLAME TEMP: 1857°F  |

| TEST VALUES  |             |                    |                        |                         |                  |                      |                   |
|--|-------------|--------------------|------------------------|-------------------------|------------------|----------------------|-------------------|
| SAMPLE NO.   | TEST METHOD | EXTING TIME (SECS) | BURNED LENGTH (INCHES) | DRIP EXTING TIME (SECS) | BURN TIME (SECS) | BURN RATE (IN./MIN.) | AFTER GLOW (SECS) |
| -1   |             | 0                  | 1.75                   | 0                       |                  |                      |                   |
| -2   | F1          | 0                  | 2.12                   | 0                       |                  |                      |                   |
| -3   |             | 0                  | 2.38                   | 0                       |                  |                      |                   |
| AVER.  |             | 0                  | 2.08                   | 0                       |                  |                      |                   |
| TESTED BY JOHN BUCKLEY<br>WITNESSED BY <i>John P. Buckley</i>              |             |                    |                        | COMMENTS:               |                  |                      |                   |
| PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/> |             |                    |                        |                         |                  |                      |                   |

\*Include Material Type, Construction, Specification, Thickness, Color, Etc.

FAA AIRCRAFT REGISTRY  
CAMERA NO.3 N DATE: 2 - 28 - 91

| DEPARTMENT OF TRANSPORTATION<br>FEDERAL AVIATION ADMINISTRATION  |   |  |  | Form Approved<br>Budget Bureau No. 04-R060.1 |
|--|---|--|--|--|
| <b>MAJOR REPAIR AND ALTERATION</b><br>(Airframe, Powerplant, Propeller, or Appliance)  |   |  |  | FOR FAA USE ONLY                             |
| INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.  |   |  |  | OFFICE IDENTIFICATION<br><i>WPSOL/EPde</i>   |
| 1. AIRCRAFT  | MAKE<br>McDonnell Douglas Helicopter Co.  | MODEL<br>369E  |  |  |
|  | SERIAL NO.<br><i>F0400E</i>   | NATIONALITY AND REGISTRATION MARK<br>N510PD  |  |  |
| 2. OWNER   | NAME (As shown on registration certificate)<br>McDonnell Douglas Helicopter Co. | ADDRESS (As shown on registration certificate)<br>5000 E. McDowell Road<br>Mesa, AZ 85205  |  |  |
| 3. FOR FAA USE ONLY  |   |  |  |  |
| 4. UNIT IDENTIFICATION   |   |  |  |  |
| UNIT   | MAKE  | MODEL  | SERIAL NO.   | 5. TYPE<br>REPAIR      ALTERATION            |
| AIRFRAME   | ***** (As described in item 1 above)*****                                       |  |  | X  |
| POWERPLANT   |   |  |  |  |
| PROPELLER  |   |  |  |  |
| APPLIANCE  | TYPE  |  |  |  |
|  | MANUFACTURER  |  |  |  |
| 6. CONFORMITY STATEMENT  |   |  |  |  |
| A. AGENCY'S NAME AND ADDRESS<br>Flight Trails Helicopters, Inc.<br>4805 E. Falcon Drive<br>Mesa, AZ 85205  |   | B. KIND OF AGENCY<br>U.S. CERTIFIED MECHANIC<br>FOREIGN CERTIFIED MECHANIC<br><input checked="" type="checkbox"/> CERTIFIED REPAIR STATION<br>MANUFACTURER |  | C. CERTIFICATE NO.<br>407-40                 |
| D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge. |   |  |  |  |
| DATE<br>September 5, 1990  |   | SIGNATURE OF AUTHORIZED INDIVIDUAL<br><i>Ellend N. Bremerthon</i><br>ELLEND N. BREMERTHON  |  |  |
| 7. APPROVAL FOR RETURN TO SERVICE  |   |  |  |  |
| Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED  |   |  |  |  |
| BY   | FAA FLT. STANDARDS<br>INSPECTOR   | MANUFACTURER   | INSPECTION AUTHORIZATION                                     | OTHER (Specify)                              |
|  | FAA DESIGNEE<br><input checked="" type="checkbox"/>                             | REPAIR STATION   | CANADIAN DEPARTMENT<br>OF TRANSPORT INSPECTOR<br>OF AIRCRAFT |  |
| DATE OF APPROVAL OR<br>REJECTION<br>9/5/90   | CERTIFICATE OR<br>DESIGNATION NO.<br>407-40                                     | SIGNATURE OF AUTHORIZED INDIVIDUAL<br><i>Ellend N. Bremerthon</i><br>ELLEND N. BREMERTHON  |  |  |

**NOTICE**

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

**8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)**

Installed Aeronautical Accessories, Inc. Rain Gutters per STC SH1626S0 dated 6/13/84, revised 6/1/88 and drawings and installation instructions dated 3/29/88, see 337.

Installed Facet Enterprises Scavenge Oil Filter per STC SH401GL dated 4/18/80, amended 6/10/88 and installation instructions No. 1741050 dated 1/1/83, revised 5/24/88.

Installed WECO Starter Generator Kit per STC SH3195NW dated 12/12/85, and WECC Master Drawings No. WE369 Rev. C dated 12/3/85. All work done in accordance with AC 43.13-1 & -2, No weight change.

Installed Wire Strike Protection per STC SH1713S0 dated 12/12/84, revised June 1, 1988 and ER84650 installation instruction dated 2/24/84, revised 10/4/86 and 10/4/89 and drawing 44183053 and 44183048 and 44185049.

Installed Fargo Aux. Tank per STC SH656GL dated 11/12/82, revised 7/30/85 and Fargo Drawings A1066-1082 dated 10/25/82 and installation manual dated 11/5/82, amended 6/2/86.

All work completed in accordance with AC 43.13-1A & 2A.  
Weight & balance revised, See Pilot's Flight Manual.

END

ADDITIONAL SHEETS ARE ATTACHED

★1975-G.P.O.-1703-M/673-900/175